

M23000000294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

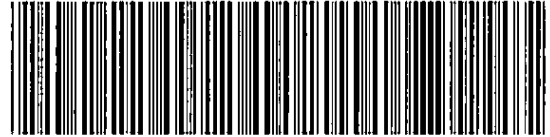
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JAN -6 PM 12:08

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2023 JAN -6 PM 3:32

CLERK OF STATE
TALLAHASSEE, FLORIDA

JAN 09 2023
K. Brumley

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 311705 4339596

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : January 6, 2023

ORDER TIME : 2:45 PM

ORDER NO. : 311705-025

CUSTOMER NO: 4339596

FOREIGN FILINGS

NAME: SURROUND CARE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Surround Care, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Graham Knight

Name of Person

Thompson Coburn LLP

Firm/Company

One US Bank Plaza, Ste 3200

Address

St. Louis, MO 63101

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Graham Knight

at (314) 552-6292

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Surround Care, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

555 Maryville University Drive, Ste 300

5. (Street Address of Principal Office)

555 Maryville University Drive, Ste 300

6. (Mailing Address)

St. Louis, MO 63141

St. Louis, MO 63141

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays St

Tallahassee

(City)

Florida

32301

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

APPROVED
AND
FILED

2023 JAN - 6 PM 12:08

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Michael Farris

☐ Member Address: 555 Maryville University Dr.

☐ Authorized Ste 300

Person St. Louis, MO 63141

☐ Other ☐ Other

☒ Manager Name: Randall Combs

☐ Member Address: 555 Maryville University Dr.

☐ Authorized Ste 300

Person St. Louis, MO 63141

☐ Other ☐ Other

☒ Manager Name: Todd Shuman

☐ Member Address: 555 Maryville University Dr.

☐ Authorized Ste 300

Person St. Louis, MO 63141

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Timothy Elliott

☐ Member Address: 555 Maryville University Dr.

☐ Authorized Ste 300

Person St. Louis, MO 63141

☐ Other ☐ Other

☒ Manager Name: Mark Mugiishi

☐ Member Address: 555 Maryville University Dr.

☐ Authorized Ste 300

Person St. Louis, MO 63141

☐ Other ☐ Other

☒ Manager Name: David Strong

☐ Member Address: 555 Maryville University Dr.

☐ Authorized Ste 300

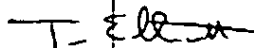
Person St. Louis, MO 63141

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Timothy Elliott

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SURROUND CARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SURROUND CARE, LLC" WAS FORMED ON THE SIXTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.


Jeffrey W. Bullock, Secretary of State

6148597 8300

SR# 20230055592

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202439828

Date: 01-06-23