

M23000003289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

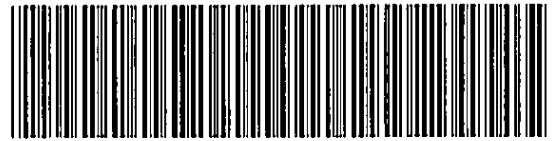
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100403558501

2023 MAR 15 PM 4:10

FILED

RECEIVED

2023 MAR 15 PM 2:55  
RECEIVED  
CLERK OF COURT  
FLORIDA

MAR 15 2023  
K. Brumby



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 03/15/23  
Order #: 588352-1  
Re: VillageMD Primary Providers ACO V, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:  
I20000000195

AUTHORIZATION:

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', is written over the word 'AUTHORIZATION:'.

Please take the following action:

File in your office on basis  
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VillageMD Primary Providers ACO V, 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:

Vernell Lloyd

\_\_\_\_\_  
Name of Person

VillageMD

\_\_\_\_\_  
Firm/Company

433 W. Van Buren Street, Suite 510 S.

\_\_\_\_\_  
Address

Chicago, IL 60607

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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. VillageMD Primary Providers ACO V, 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.")

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

3. 83-0607693  
(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.)

5. 433 W. Van Buren St., Suite 510 S.  
(Street Address of Principal Office)

6. 433 W. Van Buren St., Suite 510 S.  
(Mailing Address)

Chicago, IL 60607

Chicago, IL 60607

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

2023 MAR 15 PM 4:10

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.

Corporation Service Company

By: Alexis Weiland-Sorenson, ACP  
(Registered agent's signature)


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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: See attached.	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	See Attached.	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Paul Martino, President

\_\_\_\_\_  
 Typed or printed name of signee

**VillageMD Primary Providers ACO V, LLC (Managers)**

- Felicia Jacob - (433 W. Van Buren Street, Suite 510 S. Chicago, IL 60607)
- Bethany VanderZwaag - (433 W. Van Buren Street, Suite 510 S. Chicago, IL 60607)
- Clifford Molin - (433 W. Van Buren Street, Suite 510 S. Chicago, IL 60607)
- Thomas Ortiz - (433 W. Van Buren Street, Suite 510 S. Chicago, IL 60607)
- William Krasner - (433 W. Van Buren Street, Suite 510 S. Chicago, IL 60607)
- Snehal Kolhe - (433 W. Van Buren Street, Suite 510 S. Chicago, IL 60607)
- Amy Lhote - (433 W. Van Buren Street, Suite 510 S. Chicago, IL 60607)
- Heinz Kosser - (433 W. Van Buren Street, Suite 510 S. Chicago, IL 60607)
- Evelyn Duray - (433 W. Van Buren Street, Suite 510 S. Chicago, IL 60607)
- Dana Mikaitis - (433 W. Van Buren Street, Suite 510 S. Chicago, IL 60607)

**Authorized Persons**

- Paul Martino (President) - (433 W. Van Buren Street, Suite 510 S. Chicago, IL 60607)
- Wendy Rubas (Secretary) - (433 W. Van Buren Street, Suite 510 S. Chicago, IL 60607)
- Christopher Ricaurte (Treasurer) - (433 W. Van Buren Street, Suite 510 S. Chicago, IL 60607)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VILLAGEMD PRIMARY PROVIDERS ACO V, 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 FIFTEENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VILLAGEMD PRIMARY PROVIDERS ACO V, LLC" WAS FORMED ON THE ELEVENTH DAY OF MAY, A.D. 2018.

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

6882989 8300

SR# 20231000407

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202920346

Date: 03-15-23