

M2300000 3713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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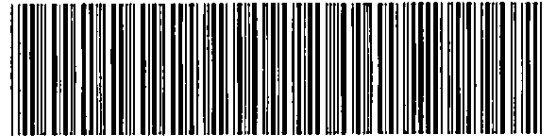
(Business Entity Name)

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 03/22/2023

Acc#120160000072

en: c DW

Name:	IMS CONSULTING AND EXPERT SERVICES, LLC
Document #:	
Order #:	14843559

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
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Amount: \$ 155.00

Thank you!

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. IMS Consulting and Expert Services, 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. _____
(FEI number, if applicable)

4. March 17, 2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4400 Bayou Boulevard, Suite 6
(Street Address of Principal Office)

6. 4400 Bayou Boulevard, Suite 6
(Mailing Address)

Pensacola, FL 32503

Pensacola, FL 32503

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

Name: CT Corporation System

Office Address: 1200 S. Pine Island Road

Plantation, Florida 33324
(City) (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.



David Westcott, Asst. Secretary
(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: <u>William A. Wein</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Peter J. Stein</u>
<input type="checkbox"/> Member	Address: <u>4400 Bayou Boulevard, Suite 6</u>	<input type="checkbox"/> Member	Address: <u>2850 N. Harwood St., Ste 1700</u>
<input type="checkbox"/> Authorized	<u>Pensacola, FL 32503</u>	<input type="checkbox"/> Authorized	<u>Dallas, Texas 75201</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Chairman</u>	<input checked="" type="checkbox"/> Other <u>Asst. Secretary</u>
 <input checked="" type="checkbox"/> Manager	 Name: <u>Theodore J. Gorder</u>	 <input checked="" type="checkbox"/> Manager	 Name: <u>Gary Buckland</u>
<input type="checkbox"/> Member	Address: <u>4400 Bayou Boulevard, Suite 6</u>	<input type="checkbox"/> Member	Address: <u>4400 Bayou Boulevard, Suite 6</u>
<input type="checkbox"/> Authorized	<u>Pensacola, FL 32503</u>	<input type="checkbox"/> Authorized	<u>Pensacola, FL 32503</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>Corey Golde</u>	 <input checked="" type="checkbox"/> Manager	 Name: <u>James Crane</u>
<input type="checkbox"/> Member	Address: <u>4400 Bayou Boulevard, Suite 6</u>	<input type="checkbox"/> Member	Address: <u>4400 Bayou Boulevard, Suite 6</u>
<input type="checkbox"/> Authorized	<u>Pensacola, FL 32503</u>	<input type="checkbox"/> Authorized	<u>Pensacola, FL 32503</u>
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.

James Crane

Signature of an authorized person

James Crane

Typed or printed name of signee

ATTACHMENT TO APPLICATION BY FOREIGN
LIMITED LIABILITY COMPANY FOR AUTHORIZATION
TO TRANSACT BUSINESS IN FLORIDA OF
IMS CONSULTING AND EXPERT SERVICES, LLC

Item 8 (continued):

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name <u>John Martin</u>
<input type="checkbox"/> Member	Address: <u>2850 N. Harwood Street, Suite 1700</u>
<input type="checkbox"/> Authorized Person	<u>Dallas, TX 75201</u>
<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other <u>Vice President</u>

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name <u>Mark Johnson</u>
<input type="checkbox"/> Member	Address: <u>4400 Bayou Boulevard, Suite 6</u>
<input type="checkbox"/> Authorized Person	<u>Pensacola, FL 32503</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name <u>Gilbert R. Meadows, M.D.</u>
<input type="checkbox"/> Member	Address: <u>4400 Bayou Boulevard, Suite 6</u>
<input type="checkbox"/> Authorized Person	<u>Pensacola, FL 32503</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name <u>Dr. Joel Jenne</u>
<input type="checkbox"/> Member	Address: <u>4400 Bayou Boulevard, Suite 6</u>
<input type="checkbox"/> Authorized Person	<u>Pensacola, FL 32503</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMS CONSULTING AND EXPERT SERVICES, 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 SEVENTEENTH DAY OF MARCH, A.D. 2023.

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



7356167 8300

SR# 20231042936

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202942705

Date: 03-17-23