

M2300006583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

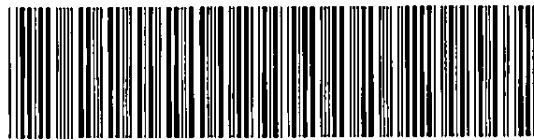
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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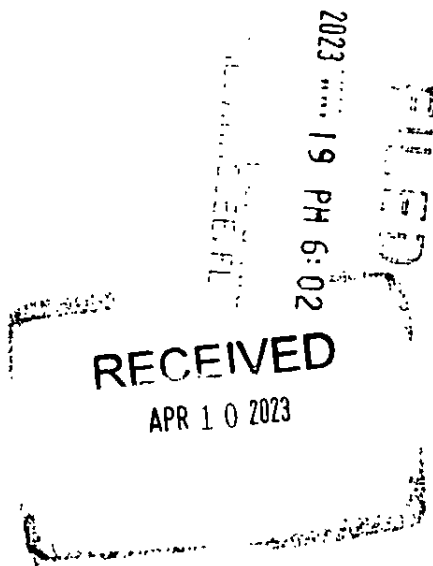
Office Use Only



300406288333

04/11/23--01010--005 **70.00

05/22/23--01010--001 **55.70



S. FRANKLIN

MAY 22 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IT Program Associates 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:

Brittany Leggett
Name of Person *

IT Program Associates LLC
Firm/Company

3600 Dallas Hwy, Ste 230, PMB 1578
Address

Marietta, GA 30064
City/State and Zip Code

Brittany.Leggett@programadvisors.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Brittany Leggett at 404 395 9928
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

(~~\$55~~
balance due)

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

Health Care Program Advisors 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. Georgia
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 74-3075983
(FEI number, if applicable)

4. 5/1/2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 360 Interstate N Pkwy
(Street Address of Principal Office)
Ste 220
Atlanta, GA 30339

6. 3600 Dallas Hwy
(Mailing Address)
Ste 230, PMB 157
Marietta, GA 30064

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

Name: R. Scott Leavell

Office Address: 1315 N Fletcher Ave
Fernandina Beach, Florida 32034
(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.

[Signature]
(Registered agent's signature)

A. DIRECTORS

☐ Chairman Name: R Scott Leavell
☐ Vice Chairman Address: 1315 N Fletcher Ave
☐ Director Fernandina Beach, FL 32034
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other MGRM ☐ Other _____

☐ Chairman Name: Patrick Wulf
☐ Vice Chairman Address: 1150 Big Water Point
☐ Director Greensboro, GA 30642
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other MGRM ☐ Other _____

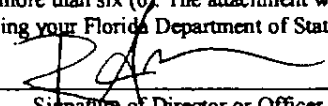
☐ Chairman Name: Brittany Leggett
☐ Vice Chairman Address: 340 Spring Road
☐ Director Dallas, GA 30132
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other MGR ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ 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.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. R. Scott Leavell - MGRM
(Typed or printed name and capacity of person signing application)

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

IT PROGRAM ASSOCIATES LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 25081324
Date Inc/Auth/Filed: 10/15/2002
Jurisdiction : Georgia
~~Date~~ Date : 04/05/2023
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2023

BRITTANY LEGGETT
3600 DALLAS HWY STE 230
PMB 157
MARIETTA, GA 30064 US

SUBJECT: IT PROGRAM ASSOCIATES LLC
Ref. Number: W23000059404

We have received your document for IT PROGRAM ASSOCIATES LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a foreign corporation, but your entity is a foreign limited liability company. Please complete and return the enclosed blank form(s).

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

There is a balance due of \$55.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 723A00009122

RECEIVED
MAY 19 2023