

M23000007327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

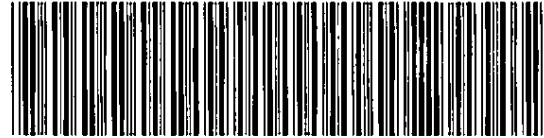
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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2023 JUN -6 PM 2:51

RECEIVED

2023 JUN -6 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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: 06/06/23  
Order #: 1220093-1  
Re: Professional Case Management Of Florida, 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:  
120000000195

AUTH:

A handwritten signature in black ink, appearing to read 'Alexxis Weiland-Sorenson', written over a horizontal line.

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: PROFESSIONAL CASE MANAGEMENT OF FLORIDA, 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:

SUSANNE JOSLIN  
Name of Person  
C/O DAVIS GRAHAM & STUBBS LLP  
Firm/Company  
1550 17TH STREET, SUITE 500  
Address  
DENVER, COLORADO 80202  
City/State and Zip Code  
susanne.joslin@dgsllaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susanne Joslin 303 892-7593  
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. PROFESSIONAL CASE MANAGEMENT OF FLORIDA, 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.")

COLORADO SECRETARY OF STATE

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

3. (FEI number, if applicable)

JANUARY 9, 2023

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

500 E. 8TH AVENUE

5. (Street Address of Principal Office)

500 E. 8TH AVENUE

6. (Mailing Address)

DENVER, COLORADO 80203

DENVER, COLORADO 80203

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)

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 Wainwright-Spencer, ACP

(Registered agent's signature)

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TALLAHASSEE, FLA.

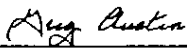
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	KEVIN VOLMER		<input type="checkbox"/> Manager	Name:	GREG AUSTIN	
<input type="checkbox"/> Member	Address:	500 E. 8TH AVENUE		<input type="checkbox"/> Member	Address:	500 E. 8TH AVENUE	
<input type="checkbox"/> Authorized		DENVER, COLORADO 80203		<input type="checkbox"/> Authorized		DENVER, COLORADO 80203	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Other	President	<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	CURTIS FLETCHER		<input type="checkbox"/> Manager	Name:	CHRISTY CRASE	
<input type="checkbox"/> Member	Address:	500 E. 8TH AVENUE		<input type="checkbox"/> Member	Address:	500 E. 8TH AVENUE	
<input type="checkbox"/> Authorized		DENVER, COLORADO 80203		<input type="checkbox"/> Authorized		DENVER, COLORADO 80203	
Person				Person			
<input checked="" type="checkbox"/> Other	Treasurer	<input type="checkbox"/> Other		<input checked="" 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

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

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Professional Case Management of Florida, LLC

is a

Limited Liability Company

formed or registered on 01/09/2023 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20231034744 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/05/2023 that have been posted, and by documents delivered to this office electronically through 06/06/2023 @ 09:38:37 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/06/2023 @ 09:38:37 in accordance with applicable law. This certificate is assigned Confirmation Number 15041420 .



*Jena Griswold*

Secretary of State of the State of Colorado

.....End of Certificate.....  
*Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria> or entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*