

MZ3000009676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

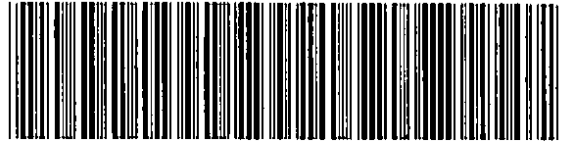
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED  
2023 JUL 25 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED  
2023 JUL 25 PM 6:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 24 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: 07/25/23  
Order #: 1240493-2  
Re: Cs Pacs 3 Southeast, 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', is written over the word 'AUTH:'.

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:** CS PACS 3 Southeast, 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:

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

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

\_\_\_\_\_  
Address

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

kelly\_greaney@teamhealth.com

\_\_\_\_\_  
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. CS PACS 3 Southeast, LLC

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

2. Tennessee

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

3. 93-2526679

(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. 8511 Fallbrook Ave., Ste 120

(Street Address of Principal Office)

6. 265 Brookview Centre Way, Ste 203

(Mailing Address)

West Hills, CA 91304

Knoxville, TN 37919

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(Zip code)

2023 JUL 25 PM 6:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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-Spanson, 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 type="checkbox"/> Manager	Name: <u>Darren Swenson</u>	<input type="checkbox"/> Manager	Name: <u>John R. Stair</u>
<input checked="" type="checkbox"/> Member	Address: <u>265 Brookview Centre Way</u>	<input checked="" type="checkbox"/> Member	Address: <u>265 Brookview Centre Way</u>
<input checked="" type="checkbox"/> Authorized	<u>Suite 203</u>	<input type="checkbox"/> Authorized	<u>Suite 203</u>
Person	<u>Knoxville, TN 37919</u>	Person	<u>Knoxville, TN 37919</u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Asst. Secretary</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Clarence Smith</u>	<input type="checkbox"/> Manager	Name: <u>John Barrack</u>
<input type="checkbox"/> Member	Address: <u>265 Brookview Centre Way</u>	<input type="checkbox"/> Member	Address: <u>265 Brookview Centre Way</u>
<input type="checkbox"/> Authorized	<u>Suite 203</u>	<input type="checkbox"/> Authorized	<u>Suite 203</u>
Person	<u>Knoxville, TN 37919</u>	Person	<u>Knoxville, TN 37919</u>
<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Asst. Treasurer</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Libba Estep</u>	<input type="checkbox"/> Manager	Name: <u>Lara Owens</u>
<input type="checkbox"/> Member	Address: <u>265 Brookview Centre Way</u>	<input type="checkbox"/> Member	Address: <u>265 Brookview Centre Way</u>
<input type="checkbox"/> Authorized	<u>Ste 203</u>	<input type="checkbox"/> Authorized	<u>Suite 203</u>
Person	<u>Knoxville, TN 37919</u>	Person	<u>Knoxville, TN 37919</u>
<input checked="" type="checkbox"/> Other <u>Treasurer, Sect</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Asst. Treasurer</u>	<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  
 John R. Stair  
 \_\_\_\_\_  
 Typed or printed name of signer



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**AMY POOLE**  
AMY POOLE  
251 LITTLE FALLS DR  
WILMINGTON, DE 19808

July 25, 2023

**Request Type: Certificate of Existence/Authorization**  
Request #: 0539775

Issuance Date: 07/25/2023  
Copies Requested: 1

**Document Receipt**

Receipt #: 008267478  
Payment-Credit Card - State Payment Center - CC #: 3855190358

Filing Fee: \$20.00  
\$20.00

**Regarding: CS PACS 3 Southeast, LLC**

Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 07/19/2023  
Status: Active  
Duration Term: Perpetual  
Business County: KNOX COUNTY

Control #: 1447795  
Date Formed: 07/19/2023  
Formation Locale: TENNESSEE  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**CS PACS 3 Southeast, LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 061904627