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(((H230004153143)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 : (800)432-3622 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

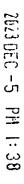
Foreign Limited Liability Company RENAL RESERVE, LLC

Certificate of Status	0
Certified Copy	1
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: Renal Reserve, LLC	
	Name of Limited Liability Company	
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cert e, and check are submitted to register the above referenced foreign limited liability company to transact business in	
Please :	eturn all correspondence concerning this matter to the following:	
	Name of Person	
	Capitol Services - Corporate Filings Team Firm/Company	
	515 East Park Avenue 2nd Fl	
	Address	
	Tallahassee, FL 32301 City/State and Zip Code	
For fur	E-mail address: (to be used for future annual report notification) ner information concerning this matter, please call:	
	at (855) 498 - 5500	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	
	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 & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified	

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. Renal Reserve, L	LC Limited Liability Company; must include "Limited Li	ability	Company," "LLC.," or "LLC.")			
(If name unavailable, order alternate a	same adopted for the purpose of transacting business in Florida.	The alt	emote name must include "Limited Liability Comp	any," "L.L.C." (C JIE w	
₂ Georgia		1	01-0551817			
	hich foreign limited liability company is organized)	٠.	(Fill mimber, if applie	able)		
4. N/A						
	(Date first transacted business in Florida, if prior to regis (See sections 605 0904 & 605 0905, F.S. to determine p	mation maky l	ability)			
5. 5605 Glenridge I		6.	Same as Princial Office Ad (Mailing Address)	dress		
Atlanta, GA 3034	2	-				
		-				
7. Name and street addres	ss of Florida registered agent: (P.O. Box N	OT a	cceptable)			
					202	
Name:	Capitol Corporate Services, Inc.			-	2023 DEC	
Office Address:	515 East Park Avenue 2nd Fl				.6-3	
	Tallahassee		, Plorida 32301		P	
	(City)		(Zip cods)	•		
designated in this applicate to comply with the provise	stance: egistered agent and to accept service of pro- ction, I hereby accept the appointment as re- ions of all statutes relative to the proper an s of my position as registered agent.	giste	red agent and agree to act in this c	capacity. I	() (C) at the p further	agr
	Lim Tadlock		Kim Tadlock, as Asst. Sec	•		lf
	(Registered agent) a rigna	ture)	of Capitol Corporate S	ervices,	inc.	

manage [up to six (•	•		lagers or persons admortized
Title or Capacity:	Name and Address:	Title or Capacit	X;	Name and Address:
Manager	Name: Audrey Capozzoli	Manager Manager	Name:	
☐Member	Address: 5605 Glenridge Drive	Member	Address: _	
Authorized	Suite 150	Authorized		
Person	Atlanta, GA 30342	Person	,	
Other	Other	Other		Other
Manager	Name:	Manager Manager	Nате:	
Member	Address:	Member	Address: _	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
☐Manager	Name:	Manager	Name:	
Member	Address:	Member	Address: _	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
indexed individuals 9. Attached is a cert jurisdiction under th of the translator mus 10. This document i	s executed in accordance with section 605.020 ment to the Department of State constitutes a the	duly authenticated by the is in a foreign language (1) (b), Florida Statute	nte Annual Rep ne official havi ge, a translation es. I am aware	oort form. ng custody of records in the n of the certificate under oath that any false information
		pozzoli, President		

Control Number: 0133227

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

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 poils 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 on is pending with the Secretary of State.

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

Docket Number : 26209303
Date Inc/Auth/Filed: 07/19/2001
Jurisdiction : Georgia
Print Date : 12/04/2023

Form Number : 211



Brad Raforepage

Brad Raffensperger Secretary of State