

Florida Department of State
Division of Corporations
M24000000256

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2024 JAN -8 PM 3:06

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
HOMETOWN PRIMARY CARE OF FRANKFORT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

2024 JAN -8 PM 8:25

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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:

HOMETOWN PRIMARY CARE OF FRANKFORT LLC

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

3. 881073924 (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. 10205 W Lincoln Hwy (Street Address of Principal Office) Frankfort IL 60423

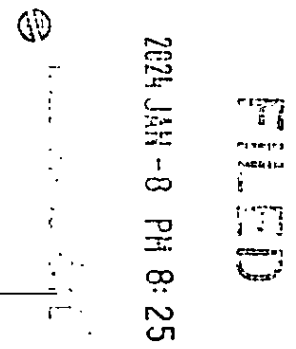
6. 7901 4th St N STE 300 (Mailing Address) St. Petersburg FL 33702

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702 (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.

(Registered agent's signature)

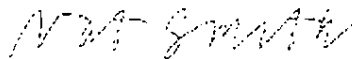
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: CHIME AJIERE	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	10205 W Lincoln Hwy	<input type="checkbox"/> Authorized	_____
Person	Frankfort IL 60423	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input 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 _____
<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.



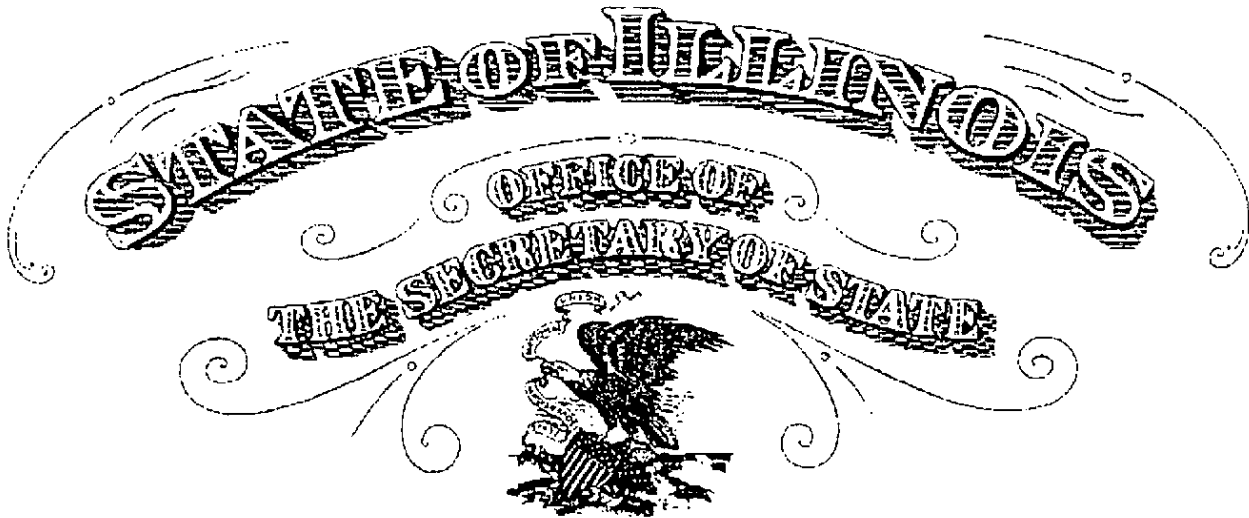
Signature of an authorized person

Nat Smith

Typed or printed name of signer

File Number

1153793-6



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

HOMETOWN PRIMARY CARE OF FRANKFORT PLLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 07, 2022, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of DECEMBER A.D. 2023 .



Authentication #: 2336200810 verifiable until 12/28/2024
Authenticate at: <https://www.ilso.gov>

Alexi Giannoulas
SECRETARY OF STATE