

M24000000398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

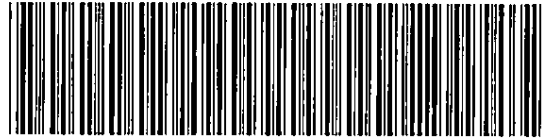
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400419585844

2024 JAN - 8 PM 1:27

RECEIVED

2024 JAN - 8 PM 3:20

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 16 2024

K. Brumblay

W24-2695

06



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2024

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: CARE COORDINATION LLC
Ref. Number: W24000002695

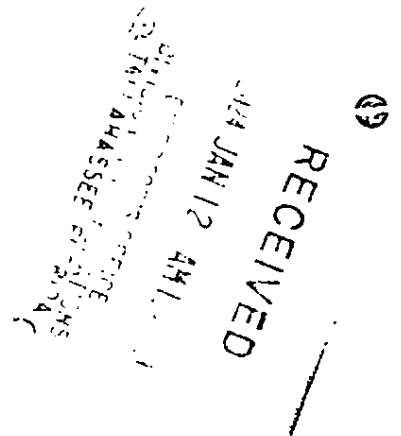
We have received your document for CARE COORDINATION LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Missing the second page of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 224A00000498





CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 01/08/24
Order #: 1384837-1
Re: Care Coordination 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:
I20000000195

AUTH

A handwritten signature in black ink, appearing to read "Eyliena Baker", 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: Care Coordination 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:

Julia G Sowonik

Name of Person

Ropes & Gray LLP

Firm/Company

191 N. Wacker Dr. Floor 32

Address

Chicago, IL 60606

City/State and Zip Code

dcahill@helpathome.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia Sowonik

312

845-1304

at ()

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

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. Care Coordination 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.")

Delaware

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

3. (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)

33 S State Street, 5th Floor

5. (Street Address of Principal Office)

Chicago, IL 60603

33 S State Street, 5th Floor

6. (Mailing Address)

Chicago, IL 60603

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.

Eylina Bahar

Assistant Vice President

(Registered agent's signature)

2024 JAN -8 PM 1:27

FILED

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>Care Coordination Holdeo LLC</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Christopher Hocevar</u>
<input checked="" type="checkbox"/> Member	Address: <u>33 S State Street, 5th Floor</u>	<input type="checkbox"/> Member	Address: <u>33 S State Street, 5th Floor</u>
<input type="checkbox"/> Authorized	<u>Chicago, IL 60603</u>	<input type="checkbox"/> Authorized	<u>Chicago, IL 60603</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>Ryan McGroarty</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Tim O'Rourke</u>
<input type="checkbox"/> Member	Address: <u>33 S State Street, 5th Floor</u>	<input type="checkbox"/> Member	Address: <u>33 S State Street, 5th Floor</u>
<input type="checkbox"/> Authorized	<u>Chicago, IL 60603</u>	<input type="checkbox"/> Authorized	<u>Chicago, IL 60603</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>Joe Bonaccorsi</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>33 S State Street, 5th Floor</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Chicago, IL 60603</u>	<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.

Joe Bonaccorsi
Signature of an authorized person

Joe Bonaccorsi

Typed or printed name of signer

Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CARE COORDINATION LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE EIGHTH DAY OF JANUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CARE

~~COORDINATION-LLC"-WAS-FORMED-ON-THE-TWENTY-THIRD-DAY-OF-MARCH, A.D.~~
2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

6693923 8300

SR# 20240057932

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202544202

Date: 01-08-24