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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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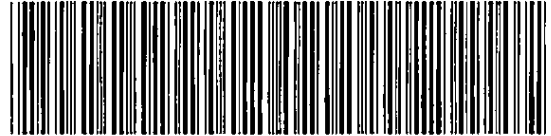
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. LEMIEUX  
FEB 23 2024

*m/m*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Heart and Soul Hospice 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:

Seann Frazier

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

Parker Hudson Rainer & Dobbs, LLP

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

101 E. College Avenue, Suite 302

\_\_\_\_\_  
Address

Tallahassee, Florida 32301

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

twood771@gmail.com

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

For further information concerning this matter, please call:

Seann Frazier

850

681-0191

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. Heart and Soul Hospice 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")

2. Tennessee  
(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)

5. 51 Century Boulevard, Suite 110  
(Street Address of Principal Office)

6. 51 Century Boulevard, Suite 110  
(Mailing Address)

Nashville, Tennessee 37214

Nashville, Tennessee 37214

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

Name: Seann Frazier, Parker Hudson Rainer & Dobbs LLP

Office Address: 101 East College Avenue, Suite 302

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.

/s/ Seann Frazier

(Registered agent's signature)

FILED  
2024 FEB 23 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

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>
<input type="checkbox"/> Manager	Name: Tracy Wood
<input checked="" type="checkbox"/> Member	Address: 51 Century Boulevard, Ste 110 Nashville, Tennessee 37214
<input type="checkbox"/> Authorized	
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

**Title or Capacity:** \_\_\_\_\_

☐ Manager \_\_\_\_\_

☒ Member \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_

**Name and Address:** \_\_\_\_\_

Name: David Turner

Address: 51 Century Boulevard, Ste 110  
Nashville, Tennessee 37214

☐ Other \_\_\_\_\_

☐ Manager Name: Andre Lee

☒ Member Address: 51 Century Boulevard, Ste 110  
Nashville, Tennessee 37214

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Sandy McClain

☒ Member Address: 51 Century Boulevard, Ste 110  
Nashville, Tennessee 37214

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Tracy Wood

☐ Member Address: 51 Century Boulevard, Ste 110  
Nashville, Tennessee 37214

☒ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager      Name: David Turner

☐ Member      Address: 51 Century Boulevard, Ste 110  
Nashville, Tennessee 37214

☒ Authorized      \_\_\_\_\_

Person      \_\_\_\_\_

☐ Other      \_\_\_\_\_      ☐ 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.

/s/ Tracy Wood

Signature of an authorized person

Tracy Wood

Typed or printed name of signee



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

**SEANN FRAZIER**  
101 E. COLLEGE AVENUE, SUITE 302  
TALLAHASSEE, FL 32301

February 23, 2024

**Request Type: Certificate of Existence/Authorization**  
Request #: 0570136

Issuance Date: 02/23/2024  
Copies Requested: 1

**Document Receipt**

Receipt #: 008696496 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3868228994 \$20.00

**Regarding: Heart and Soul Hospice LLC**

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 03/24/2020

Status: Active

Duration Term: Perpetual

Business County: DAVIDSON COUNTY

Control #: 1087602

Date Formed: 03/24/2020

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

**Heart and Soul Hospice 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 filed the most recent annual report required with this office;

\* 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.

\* has indicated in its Articles of Organization (as amended if applicable) that it is a Series LLC.

Tre Hargett  
Secretary of State

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