

M24000008076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

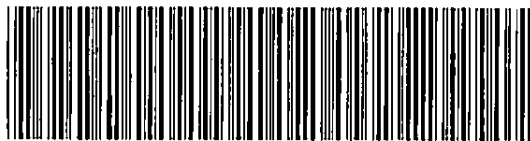
(Business Entity Name)

(Document Number)

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

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2024 JUN 21 PM 1:42

CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

JUN 24 2024

K. Brumbley

**CT CORP**  
**(850) 656-4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 06/21/2024

Acc#I20160000072

*en: c SW*

Name:	IMAGINE PEDIATRICS CARE COORDINATION, LLC
Document #:	
Order #:	15614605

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

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Availability _____
Document _____
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Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**

Thank you!

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Imagine Pediatrics 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:

Kyle Young

Name of Person

Imagine Pediatrics Care Coordination, LLC

Firm/Company

220 Athens Way, Suite 240

Address

Nashville, TN 37228

City/State and Zip Code

legal@imaginepediatrics.org

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

For further information concerning this matter, please call:

Kyle Young

615 at (          )

478-8210

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. Imagine Pediatrics 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.")

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

3. 88-3955215  
(FEI number, if applicable)

4. September 29, 2023  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 220 Athens Way, Suite 240  
(Street Address of Principal Office)

6. 220 Athens Way, Suite 240  
(Mailing Address)

Nashville, TN 37228  
Nashville, TN 37228

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

Name: C T CORPORATION SYSTEM

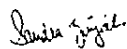
Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324  
(City) (Zip code)

2024 JUN 21 PM 1:36

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.



Sandra Zwijack, Assistant Secretary

(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]:

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Kenneth Taylor Beery

☐ Member                      Address: 220 Athens Way

☒ Authorized                      Suite 240

Person                      Nashville, TN 37228

☒ Other <sup>Officer</sup>                      ☐ Other

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Diana Yang

☐ Member                      Address: 220 Athens Way

☒ Authorized                      Suite 240

Person                      Nashville, TN 37228

☒ Other <sup>Officer</sup>                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ 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.

K. Beery                      \_\_\_\_\_  
Signature of an authorized person

Kenneth Taylor Beery                      \_\_\_\_\_  
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

**WOLTERS KLUWER**  
WOLTER KLUWER  
SPRINGFIELD, IL 62704

June 17, 2024

**Request Type: Certificate of Existence/Authorization**  
Request #: 0588211

Issuance Date: 06/17/2024  
Copies Requested: 1

**Document Receipt**

Receipt #: 009068703 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3876197837 \$20.00

**Regarding:** Imagine Pediatrics Care Coordination, LLC  
**Filing Type:** Limited Liability Company - Domestic  
**Formation/Qualification Date:** 08/30/2022  
**Status:** Active  
**Duration Term:** Perpetual  
**Business County:** DAVIDSON COUNTY

**Control #:** 1347113  
**Date Formed:** 08/31/2022  
**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

**Imagine Pediatrics Care Coordination, 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.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 068148125