

9/4/24, 3:58 PM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

Fax Number : (614)573-3996

Please honor original filing date of 9/4/2024

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

Email Address: jsenger@mendotahealth.com

Foreign Limited Liability Company

Mendota Health LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu

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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:

1. MendotaHealthLLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. _____
(LLC number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 1270NorthlandDrive,Suite250
(Street Address of Principal Office)

6. 1270NorthlandDrive,Suite250
(Mailing Address)

Mendota Heights, MN 55120

Mendota Heights, MN 55120

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)

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.

C T Corporation System

Stephanie Hencz

Stephanie Hencz
Assistant Secretary

By: _____
(Registered agent's signature)

2024 SEP -6 PM 1:15

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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 checked="" type="checkbox"/> Manager	Name: <u>Michael Nathan</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Kyle Roling</u>
<input type="checkbox"/> Member	Address: <u>1270 Northland Drive, Ste 250</u>	<input type="checkbox"/> Member	Address: <u>1270 Northland Drive, Ste 250</u>
<input type="checkbox"/> Authorized	<u>Mendota Heights, MN 55120</u>	<input type="checkbox"/> Authorized	<u>Mendota Heights, MN 55120</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>Brian Kueppers</u>	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: <u>1270 Northland Drive, Ste 250</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Mendota Heights, MN 55120</u>	<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.

Signed by:

Michael R. Nathan

Signature of an authorized person

Michael R. Nathan

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "MENDOTA HEALTH 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 TWENTY-FIRST DAY OF AUGUST, A.D. 2024.

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



6780842 8300

SR# 20243480095

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204215518

Date: 08-21-24