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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

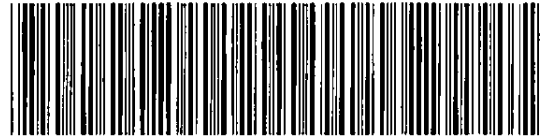
(Business Entity Name)

(Document Number)

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AUG 26 2024

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2024 SEP 11 AM 9:06

F. LEMIEUX

SEP 12 2024

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tri-County Community Clinic, 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:

Christopher B. Sides

Name of Person

The Limbaugh Firm

Firm/Company

407 N. Kingshighway, Suite 400, P.O. Box 1150

Address

Cape Girardeau, MO 63702-1150

City/State and Zip Code

csides@limbaughlaw.com

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

For further information concerning this matter, please call:

Christopher B. Sides

573

335-3316

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2024

CHRISTOPHER B SIDES
407 N KINGSHIGHWAY STE 400
P.O. BOX 1150
CAPE GIRARDEAU, MO 63702-1150

SUBJECT: TRI-COUNTY COMMUNITY CLINIC, LLC
Ref. Number: W24000122523

We have received your document for TRI-COUNTY COMMUNITY CLINIC, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 024A00019385

**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. Tri-County Community Clinic, 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 Missouri 3. 82-3076542
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. July 31, 2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 114 Palmetto Place, Unit 2 6. 46 East State Highway 162
(Street Address of Principal Office) (Mailing Address)
Destin, Florida 32541 Portageville, MO 63873

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

Name: Ladonna Williams
Office Address: 770 Harbor Blvd, Unite 5B
Destin, Florida 32541
(City) (Zip code)

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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.

Ladonna Jean Williams
(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: <u>Randall Williams</u>	<input type="checkbox"/> Manager	Name: <u>Sherry Miller</u>
<input checked="" type="checkbox"/> Member	Address: <u>963 St Christopher Lane</u>	<input type="checkbox"/> Member	Address: <u>46 E State Highway 162</u>
<input type="checkbox"/> Authorized	<u>New Madrid, MO 63869</u>	<input checked="" type="checkbox"/> Authorized	<u>Portageville, MO 63873</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Matthew Williams</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Ladonna Williams</u>
<input type="checkbox"/> Member	Address: <u>963 St. Christopher</u>	<input type="checkbox"/> Member	Address: <u>770 Harbor Blvd, Condo #5</u>
<input type="checkbox"/> Authorized	<u>New Madrid, MO 63869</u>	<input type="checkbox"/> Authorized	<u>Destin, FL 32541</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Whitney Musgrave</u>	<input type="checkbox"/> Manager	Name: <u>Ladonna Williams</u>
<input type="checkbox"/> Member	Address: <u>963 St. Christopher</u>	<input checked="" type="checkbox"/> Member	Address: <u>770 Harbor Blvd, Condo #5</u>
<input checked="" type="checkbox"/> Authorized	<u>New Madrid, MO 63869</u>	<input type="checkbox"/> Authorized	<u>Destin, FL 32541</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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.

Ladonna Williams
Signature of an authorized person
Ladonna Williams
Typed or printed name of signee

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

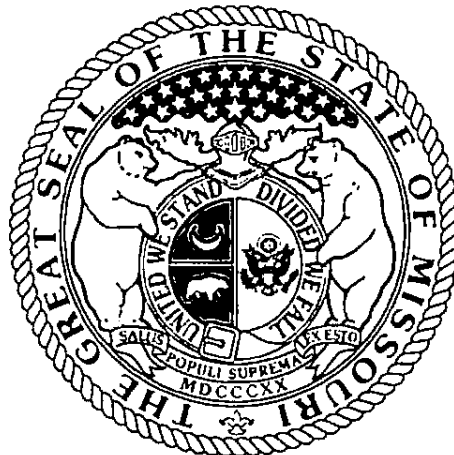
I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Tri-County Community Clinic, LLC
LC001556550

was created under the laws of this State on the 21st day of September, 2017, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 11th day of September, 2024.


Secretary of State



Certification Number, CERT-09112024-0006