

M24000012953

(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

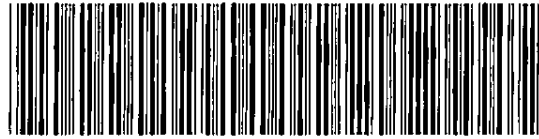
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W24-88254

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2024

JENNIFER FAIRCLOTH
1273 YELLOWSKIN RD.
AUTRYVILLE, NC 28318

SUBJECT: JENNIFER FAIRCLOTH, CRNA, PLLC
Ref. Number: W24000088254

We have received your document for JENNIFER FAIRCLOTH, CRNA, PLLC and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted can only be filed by a Corporation and does not authorize the entity to transact business in Florida. If you are wanting to transact business in Florida then please fill out the enclosed application and return directly to my attention along with a check or money order for an additional \$58.75. Also, We cannot accept "PLLC" as a suffix for a foreign entity so please add "LLC" after the "PLLC" on line 1 of the application.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 924A00012675

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jennifer Faircloth, CRNA, PLLC, 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:

Jennifer Faircloth
Name of Person

Firm/Company

1273 Yellow-Skin Rd
Address

Aurbyville, NC 28318
City/State and Zip Code

JFaircloth12@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Faircloth at (910) 489-5506
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. Jennifer Faircloth CRNA, PLLC, 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. NC
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-2714551
(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 Fairmont St
(Street Address of Principal Office)

6. 1273 Yellowstern Rd
(Mailing Address)

Ocean Isle Beach
NC 28469

Axtryville, NC 28318

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

Name: Jennifer Faircloth

Office Address: 300 Pinellas St.

Clearwater, Florida 33756
(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.

Jennifer Faircloth, CRNA
(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 checked="" type="checkbox"/> Manager	Name: <u>Jennifer Fancloth</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1273 Yellow Skunk Rd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Aurora Velle, NC</u>	<input type="checkbox"/> Authorized	_____
Person	<u>28310</u>	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 _____
<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.

Jennifer Fancloth, CMA
Signature of an authorized person

Jennifer Fancloth, CMA
Typed or printed name of signee



NORTH CAROLINA

Department of the Secretary of State

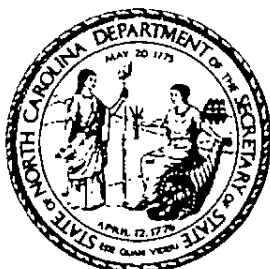
CERTIFICATE OF EXISTENCE (PROFESSIONAL LIMITED LIABILITY COMPANY)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

JENNIFER FAIRCLOTH, CRNA, PLLC

is a professional limited liability company duly formed under the laws of the State of North Carolina, having been formed on 23rd day of August, 2017.

I FURTHER certify that, as of the date of this certificate, (i) the said professional limited liability company is not dissolved under the terms of its articles of organization, (ii) the said professional limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said professional limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of April, 2024.

Elaine F. Marshall

Secretary of State