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Florida Department of State
Division of Corporations
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company FIRST STEP TELEHEALTH LLC

Certificate of Status	0
Certified Copy	0
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K. SALY

JAN 2 2025

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2025 JAN -2 PM 5:15
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Step Telehealth, 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:

Matthew Sutherland
Name of Person
First Step TeleHealth, LLC
Firm/Company
94 Northwoods Blvd STE B2
Address
Columbus, OH 43235
City/State and Zip Code
dmoniz@handfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew L. Sutherland, Esq. 614 400.1578
Name of Contact Person at () 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 & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate
Certificate of Status Certified Copy 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. First Step Telehealth, 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. Ohio

88-4265537

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

(F.E. number, if applicable)

4. 1/1/2025

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

5. 94 Northwoods Blvd STE B2

94 Northwoods Blvd STE B2

(Street Address of Principal Office)

(Mailing Address)

Columbus, OH 43235

Columbus, OH 43235

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

Name: Dion J. Moniz, Esq.

Office Address: 35008 Emerald Coast Pkwy Suite 500

Destin

32541

(City)

Florida

(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.

Dion J. Moniz

(Registered agent's signature)

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CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

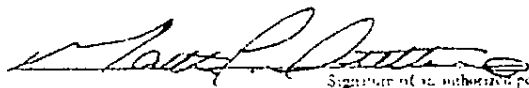
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Edward D.A. Sommer	<input type="checkbox"/> Manager	Name: Phelicia Auffart
<input checked="" type="checkbox"/> Member	Address: 82 Hutchinson St.	<input checked="" type="checkbox"/> Member	Address: 8137 Lilium Way
<input type="checkbox"/> Authorized	Destin, FL 32541	<input type="checkbox"/> Authorized	Plain City, OH 43064
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Matthew L. Sutherland	<input type="checkbox"/> Manager	Name:
<input checked="" type="checkbox"/> Member	Address: 2999 Splittrock Rd.	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized	Columbus, OH 43221	<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 checked="" 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.


 Signature of authorized person

Matthew L. Sutherland

Typed or printed name of signer

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show FIRST STEP TELEHEALTH, LLC, an Ohio Limited Liability Company, Registration Number 4950127, was organized in the State of Ohio on November 3, 2022, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of December, A.D. 2024.

Frank LaRose

Ohio Secretary of State

Validation Number: 202436503616