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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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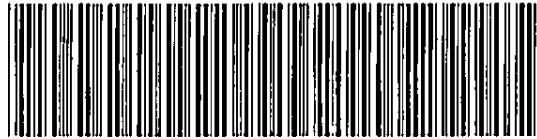
(Business Entity Name)

(Document Number)

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

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2024 DEC -2 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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. Health Admins, 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. Texas 92-0896077  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A entering 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. 7171 Southwest Parkway, Bldg. 300, Suite 350N PO Box 91628  
(Street Address of Principal Office) (Mailing Address)  
Austin, TX 78735 Austin, TX 78709

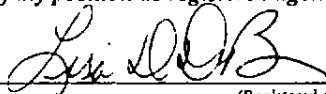
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

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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.

  
(Registered agent's signature)

Lisa DuBois, Assist. Sec.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: Health Admins, 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:

Name of Person
Victor Martinez

Perr&Knight, Inc.

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Firm/Company

401 Wilshire Blvd., Suite 960

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Address

Santa Monica, CA 90401

vmartinez@perrknight.com

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

For further information concerning this matter, please call:

Victor Martinez                                      310                      893-0047  
\_\_\_\_\_  
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

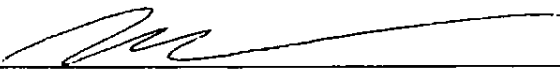
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<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>Jeff Komatz</u>	<input type="checkbox"/> Manager	Name: <u>Jon Green</u>
<input type="checkbox"/> Member	Address: <u>12616 Pony Lane</u>	<input type="checkbox"/> Member	Address: <u>2604 Sterling Panorama Ct.</u>
<input checked="" type="checkbox"/> Authorized	<u>Austin, TX 78727</u>	<input checked="" type="checkbox"/> Authorized	<u>Austin, TX 78738</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Dave Benton</u>	<input type="checkbox"/> Manager	Name: <u>Matthew Dale</u>
<input type="checkbox"/> Member	Address: <u>353 Blazing Star</u>	<input type="checkbox"/> Member	Address: <u>5 Katy Lane</u>
<input checked="" type="checkbox"/> Authorized	<u>Austin, TX 78737</u>	<input checked="" type="checkbox"/> Authorized	<u>Austin TX 78738</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Josh Sluder</u>	<input type="checkbox"/> Manager	Name: <u>Mark Camero</u>
<input type="checkbox"/> Member	Address: <u>125 Tindle Drive</u>	<input type="checkbox"/> Member	Address: <u>2226 Windsor Pl</u>
<input checked="" type="checkbox"/> Authorized	<u>Buchanan Dam, TX 78609</u>	<input checked="" type="checkbox"/> Authorized	<u>New Braunfels, TX 78130</u>
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 an authorized person

Mark Camero  
\_\_\_\_\_  
Typed or printed name of signer

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Jane Nelson  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Health Admins, LLC (file number 804742299), a Domestic Limited Liability Company (LLC), was filed in this office on September 23, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 15, 2024.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson  
Secretary of State