

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

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

Email Address: agent@bizfilings.com

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FLORIDA PROFIT/NON PROFIT CORPORATION**NxtGen Performance Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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Corporate Filing Menu

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ARTICLES OF INCORPORATION

In compliance with Chapter 607, F.S.

ARTICLE I NAME

The name of the corporation shall be: NxtGen Performance Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
61 S Gate Dr, Thomasville, Georgia 31757

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All lawful business

ARTICLE IV SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 2,000. The par value of each share of stock is \$0.01.

ARTICLE V OFFICERS/DIRECTORS

The initial directors of the corporation are:

Scott Blanton, 61 S Gate Dr, Thomasville, Georgia 31757

Cody Baggett, 1809 Mayfair Rd, Tallahassee, Florida 32303

Jesse Burson, 14030 Atlantic Blvd Apt 3114, Jacksonville, Florida 32225

Benny Knox, 48 Coral St, Atlantic Beach, Florida 32233

The initial officers of the corporation are:

Scott Blanton, President, 61 S Gate Dr, Thomasville, Georgia 31757

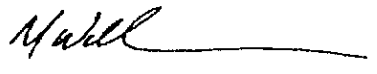
ARTICLE VI REGISTERED AGENT

The name and Florida Street address of the registered agent is: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

ARTICLE VII INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is Business Filings Incorporated, 8020 Excelsior Dr., Suite 200, Madison, WI 53717.

I hereby accept the appointment as registered agent and agree to act in this capacity.

Signature: 

Business Filings Incorporated
Mark Williams, A.V.P.

Date: 9th day of August, 2017

Signature: 

Business Filings Incorporated, Incorporator
Mark Williams, A.V.P.

Date: 9th day of August, 2017

The document was prepared by: Business Filings Incorporated, Mark Williams, 8020 Excelsior Dr., Suite 200, Madison, WI 53717. 608-827-5300

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COUNTY OF BROWARD
FLORIDA

UNITED STATES DEPARTMENT OF COMMERCE

No. 35505476

DEPARTMENT OF COMMERCE



NAVY DEPARTMENT

Personal description of holder

no. of date of naturalization:

Date of birth: FEBRUARY 06, 1933

Sex: FEMALE

Height: 5 feet 3 inches

Marital status: MARRIED

Country of former nationality:
HONDURAS

U.S. Registration No. A05926709

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

Photograph of holder
(Completed and signed by holder)

It is known that, pursuant to an application filed with the Secretary of Homeland Security.

at: MIAMI, FLORIDA

The Secretary having found that:

STEPHANIE MITCHELL RIVERA

residing at: MIAMI, FLORIDA

having complied in all respects with all of the applicable provisions of the naturalization laws of the United States, being entitled to be admitted as a citizen of the United States, and having taken the oath of allegiance at a ceremony of naturalization.

U.S. CITIZENSHIP AND IMMIGRATION SERVICES

at: MIAMI, FLORIDA

on: JANUARY 30, 2019

such person is admitted as a citizen of the United States of America.

Alfred W. Mayhew, Director

U. S. Citizenship and Immigration Services

Case # 1343073251



DEPARTMENT OF HOMELAND SECURITY



November 12, 2015

Petronilla Padilla
1727 Sw 10TH St
Miami, FL 33135

Member Name:

Petronilla Padilla

Member Number:

0002898931

Provider:

American Care Of South Florida, Inc.
Access to Care

Grievance Issue:

This letter is to inform you that we received your grievance on November 6, 2015. Your grievance will be reviewed and a decision will be mailed within sixty (60) calendar days from the date we received your grievance. If your request was over the phone, we may need further information in order to process the grievance. A "Member Grievance/Appeal Request Form" may be included with this letter. If so, please complete the form and mail it within ten calendar days in the pre-paid envelope.

If additional information is required or you need to submit additional information and more time is needed, a fourteen (14) calendar day extension may be granted, with your approval. Once approved, you will receive an extension letter with the new grievance due date.

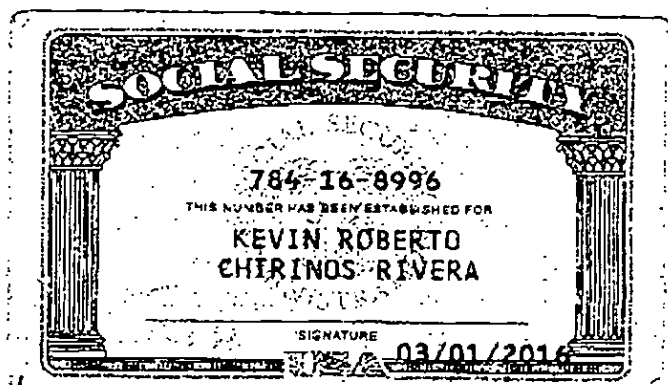
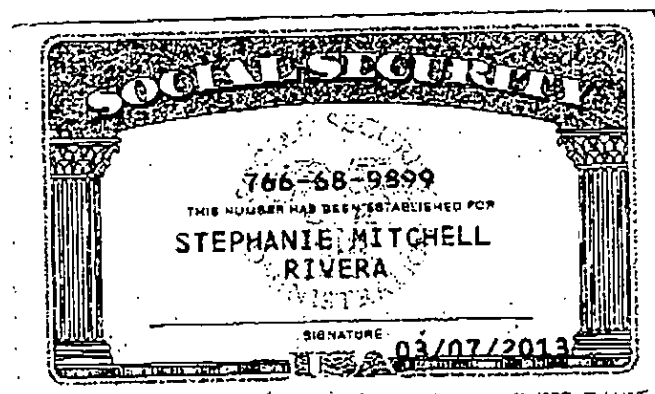
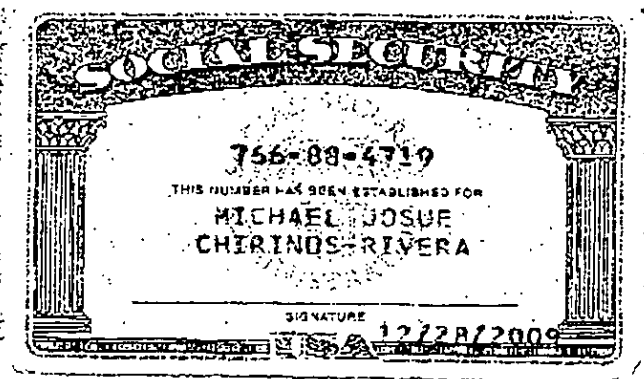
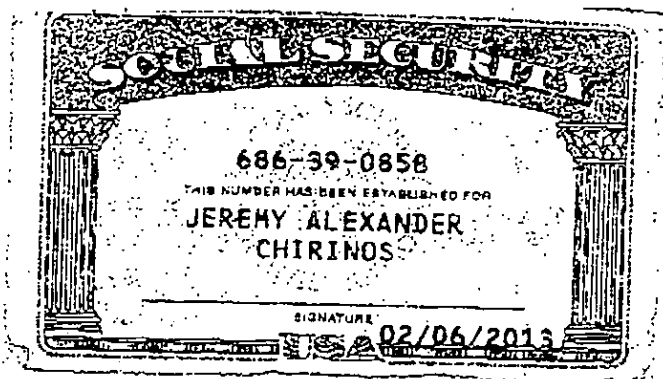
If you need assistance completing forms or writing a grievance, we can help you. An interpreter is also available if you need assistance in another language. For help, you may call Member Services at 1-888-560-5716 or for TTY/TTD at 1-800-955-8771, Monday through Friday, 8:00 a.m. to 7:00 p.m.

You can request a review from the Office of Personnel Management (OPM) once you have completed Molina Healthcare's appeal process. You must submit your request within 123 calendar days from the date you receive final decision. To request this external appeal please submit to:

Office of Personnel Management (OPM)
P.O. Box 791
Washington, DC 20044
1-202-606-0036 (fax)
DisputedClaim@opm.gov

Molina Healthcare of Florida
8300 NW 33rd Street, Suite 400, Doral, FL 33122





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