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CORPORATE ACCESS INC.

200 South ... Tallahassee, Florida 32301

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 5/15/00 

☐ **CERTIFIED COPY** ☐ **CUS**

☒ **PHOTO COPY** ☒ **FILING** Foreign/LLC

1.) Total earned Leasing Co, LLC
(CORPORATE NAME & DOCUMENT #)

2.) 800003252328--6
(CORPORATE NAME & DOCUMENT #) -05/15/00--01089--024
****125.00 ****125.00

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS

RECEIVED
00 MAY 15 AM 11:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
00 MAY 15 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W
5/15

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Total eMed Leasing Co., LLC
(Name of foreign limited liability company)
2. Tennessee 3. 62-1804780
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. December 28, 1999 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Jan 1, 2000
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 720 Cool Springs Boulevard, Suite 200
Franklin, Tennessee 37067
(Street address of principal office)

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TALLAHASSEE FLORIDA

8. If limited liability company is a manager-managed company, check here ☐
9. The usual business addresses of the managing members or managers are as follows:

720 Cool Springs Boulevard, Suite 200, Franklin, Tennessee 37067

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Equipment leasing

Ted S. MacDonald
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ted S. MacDonald
Typed or printed name of signer

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Total eMed Leasing Co., LLC

2. The name and the Florida street address of the registered agent and office are:

NRAI Services, Inc.

(Name)

526 E. Park Avenue

Florida street address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL

32301

City/State/Zip

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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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

NRAI Services, Inc.

Charles A. Coyle

(Signature)

Charles A. Coyle - Asst. Secretary

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Secretary of State
Corporations Section
James K. Polk Building, Suite 1800
Nashville, Tennessee 37243-0306

ISSUANCE DATE: 05/03/2000
REQUEST NUMBER: 001242114
TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 12/28/1999
STATUS: ACTIVE
CORPORATE EXPIRATION DATE: PERPETUAL
CONTROL NUMBER: 0381857
JURISDICTION: TENNESSEE

TO:
HARWELL HOWARD HYNE ETC
1800 FIRST AMERICAN

NASHVILLE, TN 37238

REQUESTED BY:
HARWELL HOWARD HYNE ETC
1800 FIRST AMERICAN

NASHVILLE, TN 37238

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"TOTAL EMED LEASING CO., LLC"

A LIMITED LIABILITY COMPANY DULY FORMED UNDER THE LAW OF THIS STATE WITH DATE OF
FORMATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE LIMITED LIABILITY COMPANY HAVE BEEN PAID;
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF THE EXISTENCE HAVE NOT BEEN FILED.

FILED
00 MAY 15 PM 2:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FOR: REQUEST FOR CERTIFICATE

ON DATE: 05/03/00

FROM:
HARWELL HOWARD HYNE GABBERT & MANNER
BX 2960 315 DEADRICK
1800 1ST AMER CTR
NASHVILLE, TN 37238-1800

RECEIVED:

FEES	
\$60.00	\$0.00

TOTAL PAYMENT RECEIVED: \$60.00

RECEIPT NUMBER: 00002683542
ACCOUNT NUMBER: 00000511



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE