

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000207528 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : Florida Research & Filing Services, Inc.

Account Number : I20030000083 Phone : (850)656-6446

: (850)942-6446 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PURE HEART HEALTH SERVICES, LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

H06000207528

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

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

| (Na | ame of Foreign Limited L | iability Company) | |
|---|--|--|---------|
| Maryland | 3 | 20-2446298 | |
| (Jurisdiction under the law of which company is organized) | | (FEI number, if applicable) | |
| 03/14/2005 | 5 | Perpetual | |
| (Date of Organization | | (Duration: Year limited liability company will cea exist or "perpetual") | se to |
| Upon Qualification | | | |
| (Date first | transacted business in Flo s 608.501 & 608.502 F.S. | rida, if prior to registration.) to determine penalty liability) | |
| 3231 Superior Lane, A-25 | • | | .2 |
| Bowle, MD 20715 | | | PS AU |
| * | (Street Address | of Principal Office) | |
| If limited liability company is | a manager-managed | company, check here | 7 |
| The name and usual business | addenasa af the men | | A |
| The name and usual business | addresses of the mant | aging members or managers are as follows: | ي. |
| | | | |
| See Attached List | | | <u></u> |
| See Attached List | | | <u></u> |
| 0. Attached is an original certificate of a | is organized. (A photocopy the translator must be subn | r | of rec |
| O. Attached is an original certificate of a circle jurisdiction under the law of which it instation of the certificate under eath of the law of which it is anstation of the certificate under eath of the law o | is organized. (A photocopy the translator must be subn | vis not acceptable. If the certificate is in a foreign langua, nitted.) | |
| O. Attached is an original certificate of en e jurisdiction under the law of which it anstation of the certificate under eath of | is organized. (A photocopy the translator must be subn | vis not acceptable. If the certificate is in a foreign langua, nitted.) | |
| O. Attached is an original certificate of a circle jurisdiction under the law of which it instation of the certificate under eath of the law of which it is anstation of the certificate under eath of the law o | is organized. (A photocopy the translator must be subn | vis not acceptable. If the certificate is in a foreign langua, nitted.) | |
| O. Attached is an original certificate of eignistiction under the law of which it anstation of the certificate under eath of Nature of business or purpos Health Care Placement Services Signature of (In accordance) | is organized. (A photocopy the translator must be submitted to be conducted or of a member or an automatic with section 608.408(3). F. | vis not acceptable. If the certificate is in a foreign langua, nitted.) | of rec |

Typed or printed name of signee

H06000207528

H06000207528

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.

| | the Limited Liabi | lity Company is: | | |
|---|--|--|----------|---------------------------|
| | | et address of the registered agent and office are: | • | |
| | NRAI Services, Inc | c. (Name) | | |
| | 2731 Executive Pa | ark Drive, Suite 4 a Street Address (P.O. Box NOT ACCEPTABLE) | 2006 AUG | SEIAIG 38 |
| | Weston | FL 33331 City/State/Zip | AUG 17 | CRETAR |
| liability compar agent and agree relating to the p obligations of n NRAI Services, By: | ny at the place design to act in this capa proper and complete try position as regisi | agent and to accept service of process for the above stated limited gnated in this certificate, I hereby accept the appointment as registe wity. I further agree to comply with the provisions of all statutes e performance of my duties, and I am familiar with and accept the tered agent as provided for in Chapter 608, Florida Statutes. | AM 921 | Y OF STATE ORPGRATIONS |

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

H06000207528

Pure Heart Health Services, LLC

| Members | Business Address |
|--------------------------|---|
| Roberta Erawoc Osei-Wusu | 3231 Superior Lane, A-25, Bowie, MD 20715 |
| Michael Majid-Michel | 3231 Superior Lane, A-25, Bowie, MD 20715 |
| Trashaun M. Westburg | 3231 Superior Lane, A-25, Bowie, MD 20715 |
| Koby J. Langley . | 10104 Senate Drive, Suite 236, Lanham, MD 20706 |

SECRETARY OF STATE DIVISION OF CORPORATIONS

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B, ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HERBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PURE HEART HEALTH SERVICES, LLC IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS AUGUST 11, 2006.

Paul B. Anderson Charter Division DIVISION OF CORPORATIONS

2006 AUG | 7 AM 9: 21



301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097 H06000207528

crbink

R4114178