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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: NRAI CORPORATE SERVICES, INC. Account Name

Account Number: I20080000023 Phone : (651)225-9500

Fax Number : (651)225-9579

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

Email	Address:		
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Foreign Limited Liability Company BSI Healthcare Audit Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

B. KOHP Electronic Filing Menu FEB 27 2012

Corporate Filing Menu

Help



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

IN COMPLIANCE WITH SECTION 608:503, FLORIDA LIMITED LIABILITY COMPANY TO TRANSACT BUSINES			ISTER A FOREIGN
1 BSI Healthcare Audit Services, LLC			
(Name of Foreign Limited Liability Company; r		de "Limited Liability Company," "L.L.C.," or "	LC.")
(If name unavailable, enter alternate name adopted for consent of the managers or managing members adoptin Company," "L.L.C," "LLC.")	the purpos	e of transacting business in Florida and attach a nate name. The alternate name must include "Li	copy of the written mited Liability
2, Michigan	3	45-3436164	
(Jurisdiction under the law of which foreign limited) company is organized)	liability	(FEI number, if applicable)	
4. 8/5/2011	. 5.	perpetual	3
(Date of Organization)		(Duration: Year limited liability company wexist or "perpetual")	ill cess to Day
6. (Date first transacted husin	tess in Flor	rida, if prior to registration.)	- '2' GAG
(See sections 608.501 & 608	8.502 F.S.	to determine penalty liability)	ORPORATION
7. 944 52nd ST SE, Grand Rapids, M	<u> 4950</u>	8	6. 1. 2
(Secant	Address	of Principal Office)	~~~~
		-	
8. If limited liability company is a manager-m	_		
9. The name and usual business addresses of			vs:
Charles Fayon 944 52nd ST SE, Gr	and Ra	pids, MI 49508	
Daniel Geelhoed 944 52nd ST St	<u>∃, Gran</u>	id Rapids, MI 49508	
Dennis Vandyke 944 52nd ST S	3E, Gra	and Rapids, MI 49508	
10. Attached is an original certificate of existence, no mon the jurisdiction under the law of which it is organized. (A translation of the certificate under oath of the translator mu	photocopy	is not acceptable. If the certificate is in a foreign l	ustody of records in anguage, a
11. Nature of business or purposes to be cond	veted or	promoted in Florida:	
Audit Recovery and Telecom Acco	ugit Ma	nagement	·
signature of a member	or an aut	horized representative of a member.	
(In accordance with section 608,408(3), F.S. penalties of perjury that the facts stated he	S., the execu- arein are true	ation of this document constitutes an affirmation under a ran aware that any false information submitted the ather degree felony as provided for in s.817.1:	ed in a
Daniel Geelhoed	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mente materna variatel on honorana variate ser ser	,,

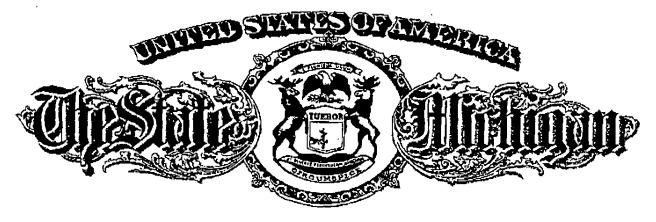
Typed or printed name of signee

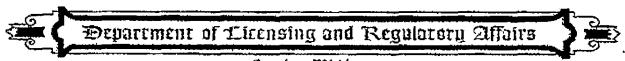
FEB. 24. 2012 1:54PM

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:
BSI Healthcare Audit Services, LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
NRAI Services, Inc.
(Name)
515 East Park Avenue
Florida Street Address (P.O. Box NOT ACCEPTABLE)
Tallahassee FL 32301
City/State/Zip
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, Florida Statutes. NRAI Services, Inc.
ву:
Jackie Bernu, Assistant Secretary
\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)





Lansing, Michigan

This is to Certify That

BSI HEALTHCARE AUDIT SERVICES, LLC

was validly organized on August 5, 2011 as a Limited Liability Company. Said Limited
Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full feith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 24th day of February, 2012

Director

Bureau of Commercial Services