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W16-10130



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2016

GRANT LACHMAN 1625 SOUTH CONGRESS AVE STE 300 DELRAY BEACH, FL 33445

SUBJECT: LEE RCM LLC Ref. Number: W16000010130

We have received your document for LEE RCM LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 316A00002859

#### COVER LETTER

TO: Registration Section Division of Corporations			
lee RCM LLC SUBJECT:			
Name of Limited Liability Company			
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	e of ida		
Please return all correspondence concerning this matter to the following:			
Grant Lachman Name of Person			
Name of Person			
Reliabill Solutions			
Firm/Company			
1675 South Congress Ave. Ste 300			
Delray Beach FL, 33445  City/State and Zip Code  Todd@leeRCM. COM			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Grant Lacturan at (56) 510-1256  Name of Contact Person Area Code Daytime Telephone Number			
MAJLING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
Enclosed is a check for the following amount:  \$\Begin{array}{c c c c c c c c c c c c c c c c c c c			

### 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 RUSINESS IN THE STATE OF FLORIDA:

(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.")  (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 Delaware (Journal Company, "C.L.C." or "LLC.")  2 Delaware (Journal Company is organized)  4.	COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
(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 "L.L.C.C." or "L.L.C." or "L.L.C." or "L.L.C." or "L.L.C.C." or "L.L.C.C." or "L.L.C.C." or "L	1. lec RCM LLC	
Liability Company. "L.L.C." or "I.L.C." or	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "	LLC.")
(PEI number, if applicable)  (Date first transacted business in Florida, if prior to registration.)  (See sections 605,0004 & 605,0005, F.S. to determine penalty liability)  5. Logar Shell. Ste 300  Delroy Boach Fl. 33445.  (Street Address of Principal Office)  6. 1635 S. Congress Alle. Ste 300  Delroy Boach Fl. 33445.  (Mulling Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Grant Lachnan  Office Address: 1635 S. Congress Alle. Ste 300  Delroy Boach Fl. 3445.  (City) Florida 33445  (City) Florida 133445  (City) Florida 133445  (City) Florida 133445  (City) Florida 23445  (City) Florida 2445  (Cit	Liability Company," "L.L.C," or "LLC.")	must include "Limited
4. (Date first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 605.0905, F.S. to determine penalty liability)  5. 1625 S. Congress ARR. Ste. 300  Delray Reach, F. 33445  (Street Address of Principal Office)  6. 1635 S. Congress ARR. Ste. 300  Telray Boald P. 33445  (Mailing Address)  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Grant Lachman  Office Address: 1635 S. Congress ARR. Ste. 300  Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above state 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 complywith 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 Seen's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Todal 20, CEO, 1625 S. Congress Ave. Ste. 300 Delray Beach, Ft., 33445  Grant Lachman, General Counsel, 1625 S. Congress Ave. Ste. 300 Delray Beach, Ft., 33445  Signature of amformation of the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information		
5. 1625 S. Congress Ave. See 300  Debray Reach, M. 33445  (Sirea Address of Principal Office)  6. 1625 S. Congress Ave. Ste 300  Debray Boach Ft. 33445  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Grant Lathnan  Office Address: 1625 S. Congress Ave. Ste 300  Debray Beach, Florida 33445  Grip City (City)  Registered agent's acceptance: (P.O. Box NOT acceptable)  Registered agent's acceptance: (City)  Registered agent's acceptance: (City)  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 complywith 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 agents.  (Registered gent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Tocklose, CEO, 1625 S. Congress Ave. Ste 300 Debray Beach, Statutes acceptance of my duties and I am familiar with and accept the obligations of my position. See acceptance of my duties, and I am familiar with and accept the obligations of my position as registered agent. See 300 Debray Beach, Statutes acceptance of my duties acceptance of my duties.  Second Lachman General Counsel, 1625 S. Congress Ave. Statutes acceptance of my duties are the submitted of the translation of the certificate under oath of the translator must be submitted)  Signature of artificate person  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
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Street Address of Principal Office)  6. 1635 S. Congress Aul. Ste 300  Telroy Boald Fl. 33445  7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Grand Lachnan  Office Address: 1635 S. Congress Aul. Ste 300  Telroy Boald, Florida registered agent: (P.O. Box NOT acceptable)  Name: Grand Lachnan  Office Address: 1635 S. Congress Aul. Ste 300  Telroy Boald, Florida 33445  Grip code)  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 complying 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 Registered Registered Signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Todd 100, CCO, 1635 S. Congress Ave. Ste 200 Delroy Beach, Pt. 33445  Grant Lachnan, General Counsel, 1625 S. Congress Ave. Ste 200 Delroy Beach, Pt. 33445  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)  Signature of ametafihorized person  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
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Name: Grant Lachnan  Office Address: 1625 S. Congress A.R. Ske. 300  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 complying 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 gent's signature)  8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Todd 192, CEO, 1625 S. Congress A.Ve. Ste. 300 Delray Beach, Pt., 33445  Grant Lachnan, General Counsel, 1625 S. Congress A.Ve. Ste. 300 Delray Beach, Pt., 33445  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)  Signature of amountorized person  This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information		
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Registered agent's acceptance:    (City) (Zip code)	Office Address: 1625 S. Congress Ave. Ste. 300	
Registered agent's acceptance:    (City) (Zip code)	Delray Beach, Florida 33445	្តា ស <b>ហ</b>
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	Signature of an authorized person	

Typed or printed name of signee

Page 1

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LEE RCM LLC" IS DULY FORMED UNDER THE

LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-NINTH DAY OF FEBRUARY, A.D. 2016.

5881763 8300

SR# 20161343968

Authentication: 201906352

Date: 02-29-16

You may verify this certificate online at corp.delaware.gov/authver.shtml