

ML6000004512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

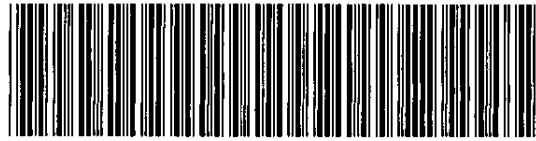
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800285842768

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05/17/16--01018--005
16 MAY 17 PM 5:51
FILED
125:00

RECEIVED
DEPARTMENT OF STATE
16 MAY 17 PM 2:09
DO NOT SIGN
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

JUN 06 2016

Y SULKER

~~ML6-35967~~



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2016

CT CORPORATION SYSTEM

SUBJECT: ORLANDO KIDNEY CARE, LLC
Ref. Number: W16000035967

RE-SUBMIT

Please retain original filing
date of submission 5/17

We have received your document for ORLANDO KIDNEY CARE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is L12000158166.

Please return your document, along with 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: 716A00010478

RECEIVED
DEPARTMENT OF STATE
16 JUN - 3 PM 1:10
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www.sunbiz.org

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

Orlando Kidney Care, LLC

Nonprofit

Foreign

Limited Partnership

LLC

Qualification

Certified Copy

Call When Ready

Walk In

Mail Out

Name _____

Availability _____

Document _____

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Amendment

Dissolution/Withdrawal

Reinstatement

Annual Report

Name Registration

Fictitious Name

Photocopies

Call If Problem

Will Wait

5/17/2016

KM

Merger

Mark

Other

CUS

After 4:30

Pick Up

Order#:

10013517

Ref#:

Amount: \$

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Orlando Kidney Care, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Elizabeth Scully
Name of Person

Fresenius Medical Care
Firm/Company

920 Winter St.
Address

Waltham, MA 02451
City/State and Zip Code

wynelle.scenna@fmc-na.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Scully 781 699-9000
Name of Contact Person at () Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 BUSINESS IN THE STATE OF FLORIDA:

1. Orlando Kidney Care, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Florida Kidney Care, 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 (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)

4. upon filing (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 920 Winter St., Waltham, MA 02451 (Street Address of Principal Office)

6. 920 Winter St., Waltham, MA 02451 (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip 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 comply with 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.

By: C T Corporation System [Signature] (Registered agent's signature) (Reg)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Bryan Mello, Assistant Treasurer, 920 Winter St., Waltham, MA 02451

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] Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
Bryan Mello
Assistant Treasurer
Typed or printed name of signee

FILED
16 MAY 17 PM 5:51
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ORLANDO KIDNEY CARE, 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 SEVENTEENTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.




Jeffrey W. Bullock, Secretary of State

6021108 8300

SR# 20163291861

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

Authentication: 202329135

Date: 05-17-16