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	egistration Section vision of Corporation	ns ,			•
SUBJECT	Timberlands Health	care, LLC			
SUBJECT		Name of Limited Liability Company reign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of dt to register the above referenced foreign limited liability company to transact business in Florida concerning this matter to the following: Name of Person althcare Firm/Company ail, Ste. 400 Address "X 78681 City/State and Zip Code care.com E-mail address: (to be used for future annual report notification) g this matter, please call: at (
Please retur	n all correspondence of	concerning this matter to the	following:		
	Andrea Rigali				
		N	ame of Person		
	Little River He	althcare			
		Fi	irm/Company		
	l Chisholm Tra	ail, Ste. 400			
			Address		
	Round Rock, T	X 78681			
		City/S	tate and Zip Code		
	arigali@lrhealth	care.com			
		E-mail address: (to be used	d for future annual	report not	ification)
For further	information concernin	g this matter, please call:			
Andrea Rigali					
	Name o	of Contact Person	_ \	Day	time Telephone Number
Di Re P.	AILING ADDRESS: vision of Corporations egistration Section O. Box 6327 allahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA SEATURES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE SEATE OF FLORIDA:

Timberlands Healtheard					
(Name of Fore	ign Limited Liability Company; must in	iclude "Limited Lial	oility Company," "L.L.C.," or "L	LC.")	
iability Company," "L.L.C,"	•		s in Florida. The alternate name i	must include "Limit	ed
Texas		3. 35-2561890			
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)		
•	(Date first transacted business i (See sections 605.0904 & 605.090	n Florida, if prior to	registration.)		
	(See sections 605.0904 & 605.090 400, Round Rock, TX 78681	05, F.S. to determine	e penalty liability)		
,				=== co -==	
	(Street Address of Prin	cipal Office)		200 A	
1 Chisholm Trail, Ste. 4	100, Round Rock, TX 78681	, ,		CACTARN	E
					m
	(Mailing Add	ress)			D
. Name and street addres	s of Florida registered agent: (P.O.	Box NOT accept	able)	Si VI	
Name:	InCorp Services. Inc.		_	NOA STE	
Office Address:	17888 67th Court North		_		
	Loxahatchee		_ , Florida 33470 (Zip code)		
Registered agent's accept			(Zip code)		
lesignated in this applicat o complywith the provision	gistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the pro- ny position as registered agent.	nt as registered apper and complete	gent and agree to act in this c	capacity. I furthe nd I am fanuliar	r agree with and
	(Registered	dent's signature)			
The name, title or capa	city and address of the person(s) wh	o has/have author	ity to manage is/are:		
Peggy Borgfeld, Manager,	, 1 Chisholm Trail, Ste. 400, Round	Rock, TX 78681			
Ryan Downton, Manager,	1 Chisholm Trail, Ste. 400, Round	Rock, TX 78681			
O. Attached is a certificate urisdiction under the law of the translator must be su	In mell	old, duly authentic ficate is in a foreig an authorized person	n language. a translation of th	stody of records in e certificate under	n the r oath
This document is executed ubmitted in a document to	in accordance with section 605.020; the Department of State constitutes	a third degree felo	Statutes. I am aware that any fa my as provided for in s.817.15	alse information 5, F.S.	
	Peoply Borgfelo Typed or print	ed name of signee			

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

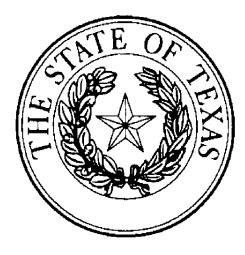
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Timberlands Healthcare, LLC (file number 802447239), a Domestic Limited Liability Company (LLC), was filed in this office on April 29, 2016.

It is further certified that the entity status in Texas is in existence.

16 AUG 31 AM 8: 53
SECRETARY OF STATE
TAILANASSEE FLORINA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on August 29, 2016.



Carlos H. Cascos Secretary of State