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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

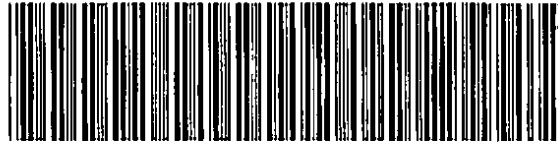
(Business Entity Name)

(Document Number)

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18 FEB 15 AM 9:49
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FEB 16 2018
Y SULKER

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. Therapath Partners LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "L.I.C.")

(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.I.C.")

2. New York (Jurisdiction under the law of which foreign limited liability company is organized) 3. 84-4158958 (FEI number, if applicable)

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

5. 6655 N. MacArthur Blvd. (Street Address of Principal Office)
Irving, Texas 75039

6. 6655 N. MacArthur Blvd. (Mailing Address)
Irving, Texas 75039

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
(Registered agent's signature)

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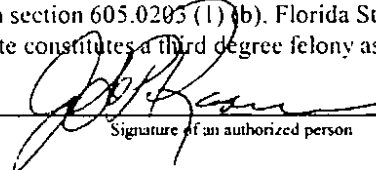
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>President</u>	<u>Scott Walton</u> <u>6655 N. MacArthur Blvd.</u> <u>Irving, Texas 75039</u>	_____	_____
<u>Secretary</u>	<u>John Rasmussen</u> <u>6655 N. MacArthur Blvd.</u> <u>Irving, Texas 75039</u>	_____	_____

(Use attachments if necessary)

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)

10. This document is executed in accordance with section 605.0205 (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.

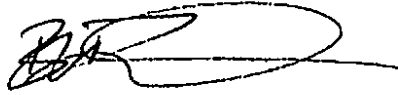


Signature of an authorized person
John Rasmussen, Secretary
Typed or printed name of signee

**State of New York
Department of State } ss:**

I hereby certify, that THERAPATH PARTNERS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/24/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 13th day of February
two thousand and eighteen.*



Brendan W. Fitzgerald
Executive Deputy Secretary of State



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