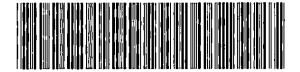
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18 NOV -5 PM 7: 46

18 NOV -5 PH 1: 56

O SIMMAONS NOV 0 6 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 471082 109186B

AUTHORIZATION :

COST LIMIT : \$ 1/2/5\.Q0

ORDER DATE: November 5, 2018

ORDER TIME : 11:49 AM

ORDER NO. : 471082-005

CUSTOMER NO: 109186B

FOREIGN FILINGS

NAME: BAYFRONT HEALTH URGENT CARE,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Bayfront Health Urgen (Name of Foreign	Limited Liability Company, must include "Lin	itled Liability Company," "L.L.C.," or "LL	(C ")
	name adopted for the purpose of transacting business in	Florida. The alternate name must methode "Limited	d Listelity Company," "L.L.C," or "LLC")
Delware		3. applied for	
(Jurisdiction under the law of w	high foreign lumited liability company is organized)	(Fi.)	number, if applicable)
October 31, 2018			
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to dete	to registration) rinine penelty liability)	————···
4000 Meridian Blvd.		6. 4000 Meridian Blvd.	
(Succi Address of	Principal Officer		Address)
Franklin, TN 37067		Franklin, TN 37067	
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Be	ox NOT acceptable)	in in
	Corporation Service Company	·	· · · · · · · · · · · · · · · · · · ·
Name:	Desperation Best side Company		
Office Address:	1201 Hays Street		ب ب
	Tallahassee	22701	5.
	(Cav)	, Florida 32301	o code:
signated in this applica comply with the provisi	egistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prop s of my position as registered agent. Corporation Socyice Company	as registered agent and agree to o	act in this capacity. I further my duties, and I am familiar w Roxanne Turner
signated in this applica comply with the provisi	tion, I hereby accept the appointment ions of all statutes relative to the props of my position as registered agent. Corporation Society Company By:	as registered agent and agree to be er and complete performance of n	act in this capacity. I further my duties, and I am familiar w
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Page 1



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

DELAWARE, DO HEREBY CERTIFY "BAYFRONT HEALTH URGENT 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 FIFTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAYFRONT HEALTH URGENT CARE, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF OCTOBER,

A.D. 2018.

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

Authentication: 203834465

Date: 11-05-18