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AUG 06 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2019

RICHARD CRUZ
1347 N ALMA SCHOOL ROAD, STE 150
CHANDLER, AZ 85224

SUBJECT: HEALTHCARE AFFILIATES OF FLORIDA, LLC
Ref. Number: W19000048647

RECEIVED
19 AUG -5 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for HEALTHCARE AFFILIATES OF FLORIDA, 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):

There was not a foreign application enclosed. Please fill out the proper forms that are enclosed to have your document filed

We are enclosing the proper form(s) with instructions for your convenience.

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 419A00014287

*Enc: Cert of Good Standing
Cover Letter
App for Foreign LLC*

** Your office still has the
check for \$125*

*Mailed
back 8/8*

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2019

RICHARD CRUZ
1347 N ALMA SCHOOL ROAD, STE 150
CHANDLER, AZ 85224

SUBJECT: HEALTHCARE AFFILIATES OF FLORIDA, LLC
Ref. Number: W19000048647

We have received your document for HEALTHCARE AFFILIATES OF FLORIDA, 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):

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 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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 319A00010066

*mailed
back 7/2*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthcare Affiliates of Florida, 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:

Richard Cruz, Esq.

Name of Person

Healthcare Affiliates of Florida, LLC

Firm/Company

1347 N. Alma School Road, Suite 150

Address

Chandler, AZ 85224

City/State and Zip Code

r.cruz@nationalhealthfinance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Harte

Name of Contact Person

at (602) 347-8503

Area Code

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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. Healthcare Affiliates of Florida, LLC
(Name of Foreign Limited Liability Company; 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. Arizona
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. 05/15/2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0903 & 605.0905, F.S. to determine penalty liability)

5. 1347 N. Alma School Rd
(Street Address of Principal Office)

6. 1347 N. Alma School Rd
(Mailing Address)

Suite 150
Chandler, AZ 85224

Suite 150
Chandler, AZ 85224

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg, Florida 33702
(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.

Bill Hume

(Registered agent's signature)

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AUG -5 PM 4:46

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:
 Manager Name: David Wattel
 Member Address: 1347 N. Alma School Road
 Authorized Suite 150, Chandler, AZ 85224
 Person _____
 Other _____ Other _____

Title or Capacity: Name and Address:
 Manager Name: National Health Finance HoldCo, LLC
 Member Address: 1347 N. Alma School Road
 Authorized Suite 150, Chandler, AZ 85224
 Person _____
 Other _____ Other _____

Manager Name: Trinity Elite Health Care Services, LLC
 Member Address: 5034 Cardiff Drive
 Authorized Holiday, FL 34690
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

2019 AUG - 5 PM 4:46

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 605.0203 (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.



 Signature of an authorized person

David Wattel

 Typed or printed name of signee

STATE OF ARIZONA



Office of the
CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

HEALTHCARE AFFILIATES OF FLORIDA, LLC

ACC file number: 1962304

was incorporated under the laws of the State of Arizona on 03/13/2019, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 05/23/2019



Matthew Neubert

Matthew Neubert, Executive Director