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C T CORPORATION SYSTEM						·
660 East Jefferson Street						
Requestor's Name		- 1				
Tallahassee, Florida 32301						
Address (850) 222-1092			9000029	910)49;	5
City State Zip	Phone	-	-09/20/9 ****285	.00	#****2£	35.00
CORPORATION	(S) NAME					
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The	Permanente 1	Company LLC	· :	\8	. DIV	. 121
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Limited Liability Company () Foreign	() Dissolu	tion/Withdrawal	() Mark	_&	SKOL	
() Limited Partnership	() Annual	Report	() Other		-	***
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W.P. Verifier					•	

CR2E031 (1-89)

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

The Permanente Company, LLC				
(Name of foreign limited liability company" or their abbreviations	y company must end "L.L.C." or "L.C." if	with the words "limited liability not so contained in the name at p	company" or "lim present.)	ited
Delaware		3. <u>94-326</u> 6422		-
(Jurisdiction under the law of whe company is organized)	hich foreign limited	liability (FEI number, if	applicable)	-
Sebruary 6, 1997		Perpetual		
(Date of Organizati	ion)	(Duration: Year limited liability cease to exist or "perpetual")	ty company will	· · · · · · · · · · · · · · · · · · ·
	Vam Que	0		
(Date first transacte	ed business in Florid	la. (See sections 608.501, 608.50)2 and 817.155, F.S	5.)
1 Kaiser Plaza, 27th Floor, Oaklan	ıd, CA 94612			-
ist name, title, and business vill manage the foreign limit	address of each n	ress of principal office) managing member [MGRM] any in Florida: (attach addit	or manager [MC ional page if nec	GR] who essary)
ist name, title, and business vill manage the foreign limit NAME & ADDRESS:	address of each n	nanaging member [MCDM]	or manager [MC ional page if nec TITLE:	GR] who essary)
m manage the foleigh mini	s address of each n ted liability compa	nanaging member [MGRM] any in Florida: (attach addit: NAME & ADDRESS:	ional page if nec	GR] who essary)
NAME & ADDRESS:	address of each neted liability compa	nanaging member [MGRM] any in Florida: (attach addit: NAME & ADDRESS:	ional page if nec	GR] who essary)
NAME & ADDRESS: The Permanente	address of each neted liability compa	nanaging member [MGRM] any in Florida: (attach addit: NAME & ADDRESS:	ional page if nec	essary)
NAME & ADDRESS: The Permanente Federation, LLC	address of each neted liability compa	nanaging member [MGRM] any in Florida: (attach addit: NAME & ADDRESS:	ional page if nec	essary) 99 SEP
NAME & ADDRESS: The Permanente Federation, LLC 1 Kaiser Plaza, 27L	address of each neted liability compa	nanaging member [MGRM] any in Florida: (attach addit: NAME & ADDRESS:	ional page if nec	SECRE FARY pIVISION OF CC 99 SEP 20
NAME & ADDRESS: The Permanente Federation, LLC 1 Kaiser Plaza, 27L	address of each neted liability compa	nanaging member [MGRM] any in Florida: (attach addit: NAME & ADDRESS:	ional page if nec	SECRETARY OF SPINISHED
NAME & ADDRESS: The Permanente Federation, LLC 1 Kaiser Plaza, 27L	address of each neted liability compa	nanaging member [MGRM] any in Florida: (attach addit: NAME & ADDRESS:	ional page if nec	SECRETARY OF SPINISHED
NAME & ADDRESS: The Permanente Federation, LLC 1 Kaiser Plaza, 27L	address of each neted liability compa	nanaging member [MGRM] any in Florida: (attach addit: NAME & ADDRESS:	ional page if nec	sessary) SECRE FARY DIVISION OF CC 99 SEP 20
NAME & ADDRESS: The Permanente Federation, LLC 1 Kaiser Plaza, 27L	address of each neted liability compa	nanaging member [MGRM] any in Florida: (attach addit: NAME & ADDRESS:	ional page if nec	essary) 99 SEP 20 PM

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

State of Delaware Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE PERMANENTE COMPANY, 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 FOURTEENTH DAY OF SEPTEMBER, A.D.

1999.

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

Edward J. Freel, Secretary of State

9968044

AUTHENTICATION:

09-14-99

2715123 8300

991382453

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

l.	The name of the Limited Liability Company is:	
Th	ne Permanente Company, LLC	
2.	The name and the Florida street address of the registered agent and office are:	: <u>:</u>
	C T Corporation System	
	(Name)	
	1200 South Pine Island Road	
	Florida street address (P.O. Box NOT ACCEPTABLE)	1 * * ** *****************************
	Plantation FL 33324	
	(City/State/Zip)	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

Filing Fee: \$35 for Designation of Registered Agent

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of	The Permanente Company, LLC
certifies:	
1) the above named limited liability company has at least one member.	;
2) the total amount of cash contributed by the member(s) is	\$ <u>1.000.000</u> ;
3) if any, the agreed value of property other than cash contributed by m (A description of the property is attached and made a part hereto.) and	ember(s) is \$;
 4) the total amount of cash and property contributed and anticipated to by member(s) is (This total includes amounts from 2 and 3 above.) 	be contributed \$1 <u>.000.000</u> .
Signature of a member or anthorized representate (In accordance with section 608.408(3), Florida Statutes, the affidavit constitutes an affirmation under the penalties of perjected herein are true.)	execution of this
Glen J. Hentges, Chief Financial Officer	
Typed or printed name of signee	

Filing Fee: \$250.00 for Application and Affidavit