### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

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; C T CORPORATION SYSTEM Account Name

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

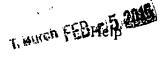
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#### Foreign Limited Liability Company Blue Ridge Healthcare LLC

Certificate of Status 1 Certified Copy 0 05 Page Count \$130.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu



#### **COVER LETTER**

	Registration Section Division of Corporations		•				
SUBJEC	T. Blue Ridge Healthear	e LLC					
SOBJEC	1:		ed Liability Conmany				
				n to Transact Business in Florida Hability company to transact bus			
Please rei	um all correspondence co	ncerning this matter to th	e following:				
	Levi Y Rudd				_		
		}	lunto of Person				
	Symmetry Healtheare Monagement LLC						
	Firm/Company						
	10800 Biscayne Blvd Suite 200						
		,	Address		•		
	Miami, FL 33161						
		City/s	State and Zip Code				
	levi.r@symmetry.c						
		E-mail address: (to be use	d for litture annual repor	t natification)	-		
For further	r Informution concerning (	his matter, please call:					
Į	evi Y Rudd		at (305 )	864-919}			
	Name of (	Contact Person	Area Code	Osytline Telephonic Number	•		
	AILING ADDRESS:		ET ADDRESS:				
Division of Carparations			n of Corporations				
Registration Section P.O. Box 6327			Registration Section Clifton Building				
Tallahassee, FL 32314			xecutive Center Circle				
			sec, FL 32301				
Enclosed	is a check for the fol-	owing amount:					
		\$ \$130.00 Filing Fee &	□ \$155.00 Filing Fe	ee & D \$160,00 Filing Fce, C	entificate		
		Certificate of Status	Certified Copy	of Status & Certified			

# 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:

Blue Ridge Hoalthe	are LLC	
(Name of F	weign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "	LLC;")
Fname unavailable, ente ability Company," "L.L.	r alternate name adopted for the purpose of transacting business in Florids. The attemate name of "LLC.")	o must include "Limited
Delaware	3	
(Jurisdiction under the company is organized)	law of which foreign limited liability (FEI number, If applicab	le)
	(Unic fice) (empressed barringes in Gladila (Critics in registration)	
•	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	Ä.S. <b>5</b>
10800 Biscayne Bl	rd, Suite 200	<u> </u>
Miomi, FL 33161		B.
**************************************	(Street Address of Principal Office)	<del>N</del>
10800 Biscoyne Blv	d, Suite 200	TO P
<del></del>		107 11. 1 F:
Miami, FL 33161	(Mulling Address)	<del></del>
•	) manual or an array	). " O
evi Y Rudd - Mgr	or capacity and address of the person(s) who has/have authority to mai	-
<del></del>		<del>`</del>
ving custody of re	iginal certificate of existence, no more than 90 days old, duly authentic seords in the jurisdiction under the law of which it is organized. (A pho	otocopy is not
ceptable. If the co ust be submitted)	rtificate is in a foreign language, a translation of the certificate under o	onth of the translator
•	M	
	11/1 1/1	_
scordance with section 60 sware that any lated inform	Signature of an authorized person  5.0003, F.S., the execution of this document constitutes an affirmation under the penalties of perjuty the cation submitted in a document to the Department of State constitutes a third dogree follows as provided.	nt the facts stated herein are true. I for in s.817,155, F.S.)
	Lovi Y Redd	
	Typed or printed name of signee	' '

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name	of the Limited Liability Com	pany is:				
Blue Ridge He	olthoure LLC					
If unavailable	e, the alternate to be used in the	ne state of Plorida is:				
2. The name	and the Florida street address	of the registered agent and office	are:			
	C T Corporation System					
		(Name)				
	1200 Soulls Pine Island Road					
	Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Plantation	PL 33324 City/Sute/Zip				
		Спульшегыр				
liability comp registered ago statutes relati	any at the place designated in ant and agree to act in this cap ng to the proper and complete	to accept service of process for the this certificate, I hereby accept the eacity. I finither agree to comply we performance of my duties, and I as istered agent as provided for in Ch	appointment as ith the provisions of all in familiar with and			
	By: (Sign	naturo)	Angel Nunez Assistant Secretary			
	\$ 100.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Registered Age Certified Copy (optional)				

# Delaware

PAGE

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAMARE, DO HEREBY CERTIFY "BLUE RIDGE HEALTHCARE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAMARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

15 FEB -4 PH 4: 50
SECRETARY OF STATE
TALLAHASSEE, FI ORIGIN

5686796 8300

150142768

You may vorify this cortificate online

AUTHENTY CATION: 2093035

DATE: 02-04-15