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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 205-8842 Fax Number : (850)878-5368

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

Email Address:

Foreign Limited Liability Company Astora Women's Health, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Astora Women's Health, 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 finited liability company to transact business in Florida,
Please return all correspondence concerning this matter to the following:
Michelle Tan Name of Person
Table of Largott
Astora Women's Health-LLC Firm/Company
Phili Company
13200 Pioneer Trail suite 100, Address Eden Prairie, MN 55347
Addiess
Eden Prairie, MN 55347
City/State and Zip Code
michelle.tan@astorahealth.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michelle Tan at (952), 930-6027 Name of Contact Person 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: \$\Begin{array} \\$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

11/19/2015 11:38:32 AM From: To: 8506176383(3/4)

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter al Liability Company," "L.L.C.	ternate name adopted for the purpos "or "LLC.")	e of transacting busines	s in Florida. The alternate n	ame must include "Limit	:ed
2. Delaware (Jurisdiction under the law company is organized)	of which foreign limited liability	3. 47-3330427	(FEI number, if applicab	ile)	
4. 08/03/2015	(Date first transacted busine (See sections 605,0904 & 605	ess in Florida, if prior to 0905, F.S. to determine	registration.) penalty liability)		
5. 13200 Pioneer Trail, S	uite 100, Eden Prairie, MN 5534	7			
	(Street Address of	Principal Office)			
6. Same					
, , , , , , , , , , , , , , , , , , , 	(Mailing .	Address)		15 N	
7. Name and street address	s of Florida registered agent: (P.	O. Box NOT accept	able)		(C.)
Name:	C T Corporation System		-	1988 1988 1988	fileste Harries
Office Address:	1200 South Pine Island Road		-		70
	Plantation (City)		, Florida 33324 (Zip code)		7
designated in this applica to complywith the provisi-	tance: gistered agent und to accept ser- tion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. By:	tment as registered a	gent and agree to act in performance of my dut Alfre	this capacity. I furthe	er agre with a
Having been nomed as ro designated in this applica to complywith the provisi accept the obligations of t	tance: gistered agent und to accept ser- tion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. By:	ment as registered approper and complete opporation System fred agent's signature)	gent and agree to act in performance of my duto Alfred Assistar	this capacity. I further ies, and I am familiar destruction	er agre with a
Having been named as re designated in this applica to complywith the provisit accept the obligations of a 8. The name, title or caps	tance: gistered agent and to accept ser- tion, I hereby accept the appoin- tions of all statutes relative to the my position as registered agent. By: (Rysist	ment as registered approper and complete comporation System cred agent's signature) who has/have author	gent and agree to act in performance of my duto Alfred Assistar ity to manage is/are:	ihis capacity. I further ies, and I am familiar d Younan T Secreta	er agre with a

Typed or printed name of signee

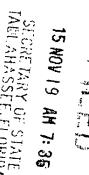
Kathie J. Lenzen

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASTORA WOMEN'S HEALTH, 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 NINETEENTH DAY OF NOVEMBER, A.D. 2015.

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



5700827 8300 SR# 20150988769



Authentication: 10452836

Date: 11-19-15