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(((H23000183591 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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 ASHFIELD HEALTH LLC

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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:

ASHFIELD HEA (Nume of Foreign	Limited Liability Company; must include "Limited	Liability Cor	ropany," "L.L.C.," or "LLC.")		
If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flori	da. The alterna	te name must include "Limited Liability Co	оперелу," "I_LC," or	*(1.C.")
2. DELAWARE (Jurisdiction under the law of wi	nich foreign limked liability company is organized)	3. <u>2</u> 0	0-8512445 (FEI number, if ap	plicable)	
4. 05/15/2023	(Date first transacted business in Florida, if prior to re (See sections 603,0904 & 603 0905, F.S. to determin	gistration.) e penalty liabili	(IV)	-	
5. 300 VESEY STR (Street Address of F	EET, 10TH FLOOR		O VESEY STREET, 10 (Mailing Address)	TH FLOOR	<u> </u>
NEW YORK, NY	10282	NE	EW YORK, NY 10282		
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acce	ptable)		2023 HAY 17
Name:	Capitol Corporate Services, In	C.	<u> </u>		HAY
Office Address:	515 East Park Avenue 2nd FI		_	HASS	•
	Tallahassee (City)		, Florida <u>32301</u> (Zip code)		PH +: 4
designated in this applica	tance: gistered agent and to accept service of pi tion, I hereby accept the appointment as ons of all statutes relative to the proper o	registered	agent and agree to act in thi	s capacity. I fi	t the plac wrther ag

Shawna L. Smith, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

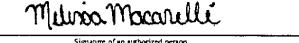
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8. F	or initial indexing purposes,	list names, title or c	apacity and addresses	of the primary	members/managers or	persons authorized to
mene	ge [up to six (6) total]:				-	•

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: TERRI GREENLEY		Name: ROB HENDERSON
Member	Address: 300 VESEY STREET, 10TH FLOOR	☐ Member	Address: 800 TOWNSHIP LINE ROAD, STE 300
Authorized	NEW YORK, NY 10282	☐ Authorized	YARDLEY, PA 19067
Person		Person	
Other PRESID	ENT Other	⊠Other_SECRE	TARY Dother
Manager	Name: MELISSA MACARELLI	Manager	Name: MAGNA HEALTHCARE INC
Member	Address: 1100 VIRGINIA DR, STE 200	Member	Address: 300 VESEY STREET, 10TH FLOOR
Authorized	FORT WASHINGTON, PA 19034	Authorized	NEW YORK, NEW YORK 10282
Person ASSIS	TANIT	Person	
Other SECRE	TANT ETARY Other	Other	Other
Manager	Name:	Manager	Name:
☐.Member	Address:	☐ Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other

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.



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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ASHFIELD 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 SEVENTEENTH DAY OF MAY, A.D. 2023.

AND I DO HERBBY FURTHER CERTIFY THAT THE SAID "ASHFIELD HEALTH LLC" WAS FORMED ON THE SIXTH DAY OF FEBRUARY, A.D. 2007.

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

e at corp de laware sov/aut

Authentication: 203365435

Date: 05-17-23