

2/22/2018

2018-02-22 5:51:09 CST

19542306 from nae McGraw

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

RECEIVED

FEB 23 2018

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

Email Address: _____

FLORIDA/FOREIGN LP/LLLP
Gateway Health Plan, L.P.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$1,052.50

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

S. WARREN

FEB 23 2018

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. Gateway Health Plan, L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Pennsylvania

State or Country of Formation

3. November 23, 1992

Date of Formation

4. Federal Employer Identification Number: 25-1691945

5. Name of Registered Agent for Service of Process and Florida Street Address:

C T Corporation System1200 South Pine Island RoadPlantation, Florida 33324

6. 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.

By: C T Corporation SystemMichael Jones, Assistant Secretary

Signature of Registered Agent

7. Principal Office:

444 Liberty Avenue, Suite 2100Pittsburgh, PA 15222

8. Mailing Address:

444 Liberty Avenue, Suite 2100Pittsburgh, PA 152229. If limited partnership is a limited liability limited partnership, check box. ☐

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Highmark Ventures, LLC d/b/aName of General Partner: Mercy Health Plan, Inc.Street Address: HMK Ventures, LLC120 Fifth Avenue PlaceMailing Address: Pittsburgh, PA 15222Street Address: One West Elm Street, Suite 100Conshohocken, PA 19428

Mailing Address: _____

Name of General Partner: _____

Name of General Partner: _____

Street Address: _____

Street Address: _____

Mailing Address: _____

Mailing Address: _____

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TALLAHASSEE, FLORIDA

Name of General Partner: _____ Name of General Partner: _____
Street Address: _____ Street Address: _____
Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 22nd day of February, 2018

Chad Z. Klein Treasurer Highmark Ventures
Signature of a general partner

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

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TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
02/22/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

GATEWAY HEALTH PLAN, L.P.

is duly registered as a Pennsylvania Limited Partnership under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC180222120910-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>