

F12000003557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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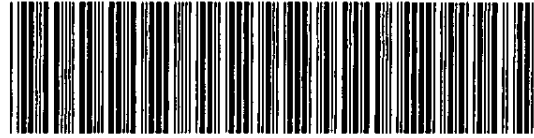
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/28/12--01007--001 **1550.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
8/28/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Array Healthcare Facilities Solutions, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Francis X. J. Lynch, Esq.

Name of Person

Breton, Lynch, Eubanks & Suarez-Murias, P.A.

Firm/Company

1209 North Olive Avenue

Address

West Palm Beach, FL 33401

City/State and Zip code

flynch@blesmlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Francis X. J. Lynch at (561) 721-4004

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:



\$70.00 Filing Fee



\$78.75 Filing Fee &
Certificate of Status



\$78.75 Filing Fee &
Certified Copy



\$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2012

FRANCIS X. J. LYNCH, ESQUIRE
BRETON LYNCH EUBANKS & SUAREZ-MURIAS, P.
1209 NORTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

SUBJECT: ARRAY HEALTHCARE FACILITIES SOLUTIONS, INC.
Ref. Number: W12000038963

We have received your document for ARRAY HEALTHCARE FACILITIES SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$1,550.00.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 212A00019460

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Array Healthcare Facilities Solutions, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 25-1897431

(FEI number, if applicable)

4. October 5, 2005

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. October 5, 2005

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2520 Renaissance Boulevard, Suite 110, King of Prussia, PA 19406

(Principal office address)

2520 Renaissance Boulevard, Suite 110, King of Prussia, PA 19406

(Current mailing address)

8. All legitimate business purposes.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Francis X. J. Lynch, Esq.

Office Address: 1209 North Olive Avenue

West Palm Beach

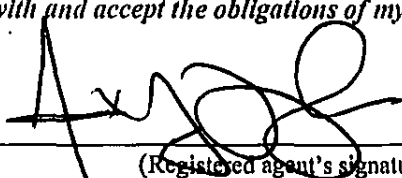
(City)

, Florida 33401

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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.



(Registered agent's signature)

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

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See addendum for directors.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Carl J. Davis

Address: 2520 Renaissance Boulevard, Suite 110

King of Prussia, PA 19406

Vice President: Patricia Mallick

Address: 2520 Renaissance Boulevard, Suite 110

King of Prussia, PA 19406

Secretary: George Shmidheiser

Address: 2520 Renaissance Boulevard, Suite 110, King of Prussia, PA 19406

Treasurer: Udo Maron

Address: 2520 Renaissance Boulevard, Suite 110, King of Prussia, PA 19406

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

14. _____

CARL J DAVIS, PRESIDENT

(Typed or printed name and capacity of person signing application)

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12 AUG 27 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ADDENDUM TO
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

ARRAY HEALTHCARE FACILITIES SOLUTIONS, INC.

Directors:

1. Carl J. Davis
2520 Renaissance Boulevard, Suite 110
King of Prussia, PA 19406
2. Patricia Malick
2520 Renaissance Boulevard, Suite 110
King of Prussia, PA 19406
3. George Shmidheiser
2520 Renaissance Boulevard, Suite 110
King of Prussia, PA 19406
4. Udo Maron
2520 Renaissance Boulevard, Suite 110
King of Prussia, PA 19406
5. Larry Kent Doss
2520 Renaissance Boulevard, Suite 110
King of Prussia, PA 19406

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TALLAHASSEE, FLORIDA

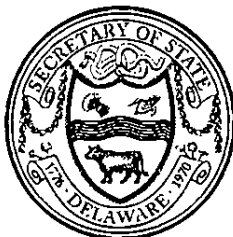
Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARRAY HEALTHCARE FACILITIES SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF AUGUST, A.D. 2012.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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120954242

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9794923

DATE: 08-21-12