

FI4 600002993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200261467282

RECEIVED
DEPARTMENT OF STATE
14 JUL -7 PM 4:15

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL -7 PM 1:52

604600002993
7/15/07



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 205923 7182683

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : July 7, 2014

ORDER TIME : 1:58 PM

ORDER NO. : 205923-005

CUSTOMER NO: 7182683

FOREIGN FILINGS

NAME: DHP MANAGEMENT SERVICES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2014

CSC
% EMILY GRAY
TALL., FL

SUBJECT: DHP MANAGEMENT SERVICES, INC.
Ref. Number: W14000041800

RESUBMIT

Please give original
submission date as file date.

We have received your document for DHP MANAGEMENT SERVICES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Carol Mustain
Regulatory Specialist II

Letter Number: 014A00014587

RECEIVED
DIVISION OF STATE
CORPORATIONS
2014 JUL 14 AM 10:42
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

**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. DHP Management Services, Inc.

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

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

2. North Carolina

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

3. 45-5518147

(FEI number, if applicable)

4. 04/17/2012

(Date of incorporation)

5. Perpetual

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

6. _____

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

7. 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

(Principal office address)

Attn: Legal Dept., 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

(Current mailing address)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUL - 7 PM 1:52

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

Name: Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

32301

(Zip code)

9. 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.

Corporation Service Company

By: Emily Gray

(Registered agent's signature)

Asst VP

10. 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.

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

A. DIRECTORS

Chairman: Michael Snow

Address: 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

Vice Chairman: Oliver Rogers

Address: 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Kent Bristow

Address: 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

Vice President: Gene Krumanocker

Address: 170 Southport Drive, Morrisville, NC 27560

Secretary: Heidi S. Allen

Address: 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

Treasurer: David Jones

Address: 265 Brookview Centre Way, Suite 400, Knoxville, TN 37919

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

12. _____
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.

13. John R. Stair, Assistant Secretary

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

Addendum 1

Additional Officers:

John R. Stair, Assistant Secretary, 265 Brookview Centre Way, Suite 400,
Knoxville, TN 37919

Carole Belmar, Assistant Treasurer, 265 Brookview Centre Way, Suite 400,
Knoxville, TN 37919



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

DHP MANAGEMENT SERVICES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 17th day of April, 2012, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of July, 2014.

Elaine F. Marshall

Secretary of State