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

From: Account Name : NRAL SERVICES, LLC
Account Number : 120080000104
Phone : (302)674-4089
Fax Number : (302)674-5256

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

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**FOREIGN PROFIT/NONPROFIT CORPORATION
STRATEGIC HEALTH CARE COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

SEP 15 2016

S. YOUNG

2016 SEP 14 AM 10:13

TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STRATEGIC HEALTH CARE COMPANY

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:

LISA CLINE

STRATEGIC HEALTH CARE	Name of Person
17 SOUTH HIGH STREET, SUITE 1000	Firm/Company
COLUMBUS, OH 43215	Address
LCLINE@SHCARE.NET	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

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For further information concerning this matter, please call:

LISA CLINE	614	255-0324
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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

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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.

STRATEGIC HEALTH CARE COMPANY

1. (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 3. 31-1424114 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/12/2016 5. (Date of incorporation) (Date of duration, if other than 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. 17 SOUTH HIGH STREET, SUITE 1000, COLUMBUS, OH 43215 (Principal office address)

(Current mailing address, if different)

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

Name: NRAI SERVICES, INC. Office Address: 1200 SOUTH PINE ISLAND ROAD PLANTATION, Florida 33324 (City) (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.

NRAI Services, Inc.

Stephanie M. Waller Stephanie M. Waller, Asst Secretary National Registered Agents, Inc. (Registered agent's signature)

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.

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

A. DIRECTORS

Chairman: John Hopper

Address: 4605 Duke Drive, Suite 110

Mason, OH 45040

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

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B. OFFICERS

President: Paul Lee

Address: 1120 G Street, NW, Suite 1000

Washington, D.C. 20005

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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 11 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. Paul Lee President

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

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Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STRATEGIC HEALTH CARE COMPANY" 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 THIRTEENTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STRATEGIC HEALTH CARE COMPANY" WAS INCORPORATED ON THE TWELFTH DAY OF AUGUST, A.D. 2016.

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

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JWB
Jeffrey W. Bullock, Secretary of State

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Date: 09-13-16