

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000184409 3)))



H200001844093ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this ... page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Front

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Fhanc : (702)866-2500 Pax Mumber

; (702)866~2689

**Enter the email address for this business entity to be used for futbre annual report mailings. Enter only one smail address blease.

Email Address: managedreports@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION

NDC Purchaser Corp.

Certificate of Status	0
Certified Copy	0
l'age Count	05
Estimated Charge.	\$70.00

..: 1

H200001844093

COVER LETTER

Division of Co			
SUBJECT:	NDC Purchaser	·	·
	Name of corporation	on - must include suffix	
Dear Sir or Madam:			
"Certificate of Existence	tion by Foreign Corporation force," or "Certificate of Good Sugn corporation to transact busin	inding" and check are sub-	
Please return all corres	pondence concerning this matt	er to the following:	
	Vanissa	Moon	
	Name o	f Person	-
	InCorp Ser	vices, Inc.	
	Firm/Co	mpany	
	3773 Howard Hughes	Parkway Suite 500S	
	Add	lress	
	Las Vegas,	NV 89169	
	City/State	and Zip code	
	managedreport	_ ·	
,	E-mail address: (to be used	l for future annual report n	otification)
For further information	concerning this matter, please	eall:	
anissa Moon for InCo	rp Services, Inc. at (702	866-2500	
Name of Person			ione Number
Registration Se Division of Ce The Centre of	rporations Tallahassee pe Street, Suite 810	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
Enclosed is a check for Please make check payat \$\opinion 870.00 Filing Fee	the following amount: sle to: FLORIDA DEPARTMEN S78.75 Filing Fee & Certificate of Status	TOF STATE ☐ \$78.75 Filing Fee & Certified Copy	(T) \$87.50 Filing Fee, Certificate of Status Certified Copy

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.

LIL HEIDE GDAVAL	anie in riorida, enier allemate comocate nume ac	lopted for the purpose of trunsacting busin	ess in Florida)	
			osa m i mmaay	
(State or count	y under the law of which it is incorporated)	(FFI number, if applicable	•)	
01/06/2016				
(Date of incorporation)		(Date of duration, if other than perpetual)		
6/1/2020				
	(Date first transacted business in I	lorida, if prior to registration)		
62 BMA Delva	(SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty hability)		
	Ste 500, Nashville, TN 37217	street address)	 	
	(Frincipal office	street address)		
· · ·	(Current mailing	address, if different)		
	(Current mailing	address, if different)		
 Name and <u>stree</u>	(Current mailing et address of Florida registered agent: (P.O.			
	_			
Name:	et address of Florida registered agent: (P.O. InCorp Services; Inc.		• •	
	et address of Florida registered agent: (P.O. InCorp Services; Inc. 17888 67th Court North	Box NOT acceptable)	•	
Name:	et address of Florida registered agent: (P.O. InCorp Services; Inc.	Box NOT acceptable)		

Variable Wegitered agent's signature)

(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.

From: GFI FaxMaker

To: 18506176383

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Date: 6/17/2020 10:03:32 AM

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A. DIRECTORS			
⊟Chairmm	Name: Mark Scitz	□Chairman	Name: Taminy C Beasley
□Vice Chairman	Address: 402 BNA Drive Suite 500	□Vice Chairman	402 BNA Drive Stc 500
Director	Nashville, TN 37217	Libirector	Nashville, TN 37217
Resident		□President	
□ Vice President		□Vice President	***
Secretary	□Treasurer	Secretary	Fi Treasurer
□Other		Other	□ Other
11Chairman	Nume: Kurt Hilzinger	□Chairman	David Nguyen Nume:
TVice Chairman	402 BNA Drive Ste 500	□Vice Chairman	Address: 402 BNA Drive Ste 500
Director	Nashville, TN 37217	■ Director	Nashville, TN 37217
3 President		□President	······································
Vice President		□ Vice President	
2 Scoretary	[TTressurer	□ Scoretary	∐Treasorer
10ther	Other	□Other	□Other
Chairman	Name: Chris O'Connell	∐Chainnan	Name:
	Address: 402 BNA Drive Ste 500		Address:
Director	Nashville, TN 37217	□Director	
President		□ President	
Vice President		□ Vice President	
Secretary	■ Treasurer	□Secretary	□Treasurer
Other		☐Other	
. dividuale finy be	Section attachment to report more than six (6). The added to the index when filing your Florida Depo	elluchment will be imaged artment of State Annual Rep	ort form.
2.	Signature of Direc	tor or Officer	

13. Tammy C Beasley, Secretary

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

H200001844093



Page 1

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

DELAWARE, DO HEREBY CERTIFY "NDC PURCHASER CORP." 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 SIXTEENTH DAY OF JUNE, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NDC PURCHASER CORP." WAS INCORPORATED ON THE SIXTH DAY OF JANUARY, A.D. 2016.

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

and core delaware gov/aut

Authentication: 203116519

Date: 06-16-20