

11000000001754

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: HHS HEALTHCARE, LLC

(Name of corporation - must include suffix)

Dear Sir or Madam: 00308-00571-02827-00707-00071

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

JAMES K. MURPHY, ESO.

(Name of Person)

(Firm/Company)

1900 One Riverfront Plaza

(Address)

Louisville, Kentucky 40202

(City/State/Zip)

200003317862--3

-07/10/00-01077-001

****125.00 ****125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 31 AM 9:34

Should you need to call someone concerning this matter, please call:

James K. Murphy

(Name of Person)

at (502) 587-0900

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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

Katherine Harris
Secretary of State

June 13, 2000

JAMES K. MURPHY, ESQ.
1900 ONE RIVERFRONT PLAZA
LOUISVILLE, KY 40202

SUBJECT: HHS HEALTHCARE, LLC
Ref. Number: W00000014901

We have received your document for HHS HEALTHCARE, LLC and check(s) totaling \$70.00. However, your check(s) and document are being returned for the following:

The check submitted must be made payable to the Secretary of State.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

The application submitted is to Qualify an out of state Corporation, however, HHS HEALTHCARE, LLC is a Limited Liability Company, therefore, an application to qualify the LLC must be completed.,

We are enclosing the proper form(s) with instructions for your convenience.

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) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 100A00033594



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 11, 2000

JAMES K. MURPHY, ESQ.
1900 ONE RIVERFRONT PLAZA
LOUISVILLE, KY 40202

SUBJECT: HHS HEALTHCARE, LLC
Ref. Number: W00000014901

We have received your document for HHS HEALTHCARE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

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) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 500A00038071

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. HHS Healthcare, LLC
(Name of foreign limited liability company)
2. Kentucky 3. 61-1361283
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 12/19/1999 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 7/1/2000 (Estimated)
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1900 One Riverfront Plaza
Louisville, Kentucky 40202
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

Michael Houlihan

700 Executive Park

Louisville, Kentucky 40207

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

Healthcare and Rehabilitation Services

Michael Houlihan
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Michael Houlihan

Typed or printed name of signer

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 31 AM 9:34

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

HHS Healthcare, LLC

2. The name and the Florida street address of the registered agent and office are:

Mark Akin

(Name)

696 Goodlett

Florida street address (P.O. Box **NOT** ACCEPTABLE)

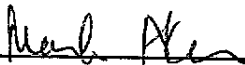
Naples

FL

34102

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)



John Y. Brown III
Secretary of State

Certificate of Existence

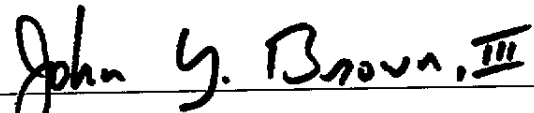
I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

HHS HEALTHCARE, LLC

is a limited liability company duly organized and existing under KRS Chapter 275, whose date of organization is January 25, 2000.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 275.190 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 8th day of June, 2000.


JOHN Y. BROWN III
Secretary of State
Commonwealth of Kentucky
llawrence/0487693