

7706000007137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

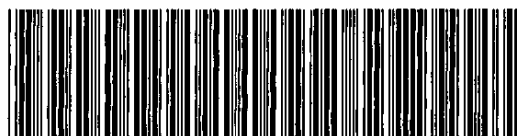
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. BRYAN DEC 27 2006

## CRS LICENSING, LLC

1339 Turnberry Place, Cookeville, TN 38506

Phone (931) 537-2696 Fax (931) 537-9918

E-mail: [mlittlej@charter.net](mailto:mlittlej@charter.net)

December 20, 2006

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Application for Certificate of Authority for a Foreign Corporation  
Veridign Health Solutions, LLC

Dear Corporate Records Administrator:

Enclosed please find a completed application submitted by Veridign Health Solutions, LLC, requesting a Certificate of Authority to transact business in your state. The following documents are enclosed with the application:

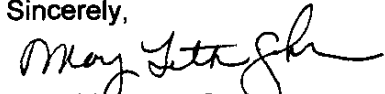
- Check in the amount of \$130
- Certificate of Existence from PA
- One original and one copy of the application.

Veridign Health Solutions, LLC, hereby authorizes CRS Licensing, LLC to represent them with regard to the enclosed application and to correspond directly with your department on our behalf for approval of the application.

Please direct any correspondence regarding the enclosed application to me at the above address.

Thank you in advance for your consideration of this application.

Sincerely,



Mary Littlejohn-Garber  
Enclosures

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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Veridign Health Solutions, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Mary Littlejohn-Garber  
(Name of Person)

CRS Licensing, LLC  
(Firm/Company)

1339 Turnberry Place  
(Address)

Cookeville, TN 38506  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Littlejohn-Garber at ( 931 ) 537-2696  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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**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. Veridign Health Solutions, LLC  
(Name of Foreign Limited Liability Company)
2. PA 3. 81-0681081  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 11/11/2005 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 3031-C Walton Rd., Suite 201  
Plymouth Meeting, PA 19462  
(Street Address of Principal Office)

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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:  
Joseph A. Frick, Christopher D. Bulter, John A. Daddis, John G. Foos, Daniel C. Lyons  
All at: Veridign LLC, 1901 Market St., Philadelphia, PA 19103

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: \_\_\_\_\_

The transaction of all lawful business permitted under the laws of Florida.

Daniel C. Lyons  
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.)

Daniel C. Lyons

Typed or printed name of signee

**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:

Veridign Health Solutions, LLC

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

NRAI Services, Inc.

(Name)

2731 Executive Park Drive, Suite 4

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Weston

FL 33331

City/State/Zip

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*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, Florida Statutes.*

NRAI Services, Inc.

Lisa Reeves, Assistant Secretary

By: Lisa Reeves

(Signature)

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

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

December 14, 2006

TO ALL WHOM THESE PRESENTS SHALL COME , GREETING :

I DO HEREBY CERTIFY THAT,

**Veridign Health Solutions, LLC.**

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show , as of the date herein .

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IN TESTIMONY WHEREOF , I  
have hereunto set my hand and  
caused the Seal of the  
Secretary's Office to be affixed,  
the day and year above written.

*Perth C. Santor*

Secretary of the Commonwealth

jones