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B. KOHR

EXAMINER

SEP 2 3 2010



TO STATE OF THE ST

ON SERVICE COMPANY				
	ACCOUNT NO.	:	I2000000195	
	REFERENCE	:	518655	4144C
	AUTHORIZATION	:	Spullele	man
	COST LIMIT	:	\$ 125.00	
ORDER DATE :	September 23, 20	10		·
ORDER TIME :	11:35 AM			
ORDER NO. :	518655-010			
CUSTOMER NO:	4144C			
FOREIGN FILINGS				
NAME: HARRIS PATRIOT HEALTHCARE SOLUTIONS, LLC				
XXXX QUALIFIC	ATION (TYPE: L	<u>୮</u>)		
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILING	:
	IED COPY STAMPED COPY ICATE OF GOOD ST	AND:	ING	
CONTACT PERSON	: Susie Knight]	EXT# 2956	

EXAMINER:

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

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

Harris Patriot Healthcare Solutions, LLC	
(Name of Foreign Limited Liability Company; must incl	ude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpo consent of the managers or managing members adopting the alte Company," "L.L.C.," "LLC.")	ose of transacting business in Florida and attach a copy of the writtenernate name. The alternate name must include "Limited Liability
2. Pennsylvania	_{3.} 20-2332413
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	5. Perpetual,
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. upon filing	St. St.
(Date first transacted business in FI (See sections 608.501 & 608.502 F.S	(Duration: Year limited liability company will cease to exist or "perpetual") orida, if prior to registration.) to determine penalty liability) 32919, U. S. A.
7. 1025 W. NASA Boulevard Melbourne, FL	32919, U. S. A.
	C2.
(Street Address	s of Principal Office)
8. If limited liability company is a manager-managed	d company, check here 🔀
9. The name and usual business addresses of the mar	naging members or managers are as follows:
Charles J. Greene 1025 W. NASA Boule	evard Melbourne, FL 32919, U. S. A.
Eugene S. Cavallucci 1025 W. NASA Bou	ulevard Melbourne, FL 32919, U. S. A.
Lewis A. Schwartz 1025 W. NASA Boule	evard Melbourne, FL 32919, U. S. A.
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photocoptranslation of the certificate under oath of the translator must be sub-	
11. Nature of business or purposes to be conducted o	or promoted in Florida: Any lawful business
Charl.	
	uthorized representative of a member. F.S., the execution of this document constitutes jury that the facts stated herein are true.)

Charles J. Greene, Manager

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.

Harris Patriot I	Healthcare Solutions, LLC			
If name unavailab	ble, the alternate name to be used in the	state of Florida is:		
2. The name and	the Florida street address of the register	red agent and office are:		
(Corporation Service Company			
-	(Name)			
1	1201 Hays Street	•		
_	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
_	Tallahassee _{FL}	32301		
	City/State/2	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, Florida Statutes.

Corporation Service Company

Sue G. Knight
as its agent

\$ 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

SEPTEMBER 23, 2010

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

HARRIS PATRIOT HEALTHCARE SOLUTIONS, LLC

is duly organized as a Pennsylvania Limited Liability Company 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.



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.

Acting Secretary of the Commonwealth

Basil L. Merenda