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(Address)

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EXAMINER

Advanced Incorporating Service, Inc.

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@advancedincorp.
Website: www.advancedincorpo.

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____CORPORATION ____LLC _____LIMITED PARTNERSHIP ____GENERAL PARTNERSHIP

____FICTITIOUS NAME ____SERVICEMARK/TRADEMARK ____AMENDMENT

____FOREIGN QUALIFICATION ____JUDGMENT LIEN

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Of_____

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Country_____

Amount of Documents_____

DATE_____ TIME _____

Notes:_____

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:

1. CONSOLIDATED HEALTHCARE SOLUTIONS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

CONSOLIDATED HEALTHCARE SOLUTIONS OF OHIO, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")

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2. OHIO
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. 09/03/2008
(Date of Organization)

5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")

6. UPON REGISTRATION
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 11563 GROOMS ROAD, CINCINNATI, OH 45242
(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:

RONALD E. CLARKE, MEMBER 11563 GROOMS ROAD, CINCINNATI, OH 45242

DAVID WALLACE, MEMBER 11563 GROOMS ROAD, CINCINNATI, OH 45242

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: HELP INDIVIDUALS OBTAIN HEALTHCARE INSURANCE THROUGH INSURANCE CARRIERS AND MAKE INFORMED DECISIONS ABOUT HEALTHCARE PLANS

David Wallace
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. I am aware that any 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.)

DAVID WALLACE, MEMBER
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:

CONSOLIDATED HEALTHCARE SOLUTIONS, LLC

If unavailable, the alternate to be used in the state of Florida is:

CONSOLIDATED HEALTHCARE SOLUTIONS OF OHIO, LLC

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

REGISTERED AGENT SOLUTIONS, INC.
(Name)

155 OFFICE PLAZA DR., SUITE A
Florida Street Address (P.O. Box NOT ACCEPTABLE)

TALLAHASSEE FL 32301
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, Florida Statutes.

Sean Prewitt, Asst. Secretary
(Signature)

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

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing Members of CONSOLIDATED HEALTHCARE SOLUTIONS, LLC,
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of OHIO.
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the requirements of the s. 608.406, F.S., the limited liability company hereby adopts the following name to transact business in the state of Florida:

CONSOLIDATED HEALTHCARE SOLUTIONS OF OHIO, LLC.
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)

Date: MARCH 10, 2011

Signature(s) of Manager(s) and/or Managing Member(s):

David Wallace	DAVID WALLACE

CR2E122 (7/07)

United States of America
State of Ohio
Office of the Secretary of State

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show CONSOLIDATED HEALTHCARE SOLUTIONS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 1803162, was organized within the State of Ohio on September 03, 2008, is currently in FULL FORCE AND EFFECT upon the records of this office.

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 9th day of March, A.D. 2011

Jon Husted

Ohio Secretary of State

Validation Number: V201168M2EAA2