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| (Requestor's Name) | | | |
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| (Cit | ty/State/Zip/Phone | · #) | |
| PICK-UP | MAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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EXAMINER



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DIVISION OF CORPORATIONS
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SECRETARY OF STATE ... DIVISION OF CORPORATIONS



| ACCOUNT | NO. | : | I20000000195 |
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REFERENCE : 828818

4308005

AUTHORIZATION

COST LIMIT

ORDER DATE: June 28, 2011

ORDER TIME : 1:40 PM

ORDER NO. : 828818-005

CUSTOMER NO: 4308005

FOREIGN_FILINGS

NAME:

CONSULTING SUPPORT SERVICES

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER:

March of Congress As on the Congress of the Co

COVER LETTER

TO:

Registration Section
Division of Corporations

| SUBJECT: | CONSULTING SUPPORT SE | ERVICES LLC |
|------------------------------|--|---|
| | N | lame of Limited Liability Company |
| | | ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida |
| Piease return | all correspondence concerning this r | natter to the following: |
| | HEATHER PAPALEO | |
| | | Name of Person |
| | PEPPER HAMILTON LLI | P |
| | | Firm/Company |
| | 3000 TWO LOGAN SQUA | ARE |
| | | Address |
| | PHILADELPHIA, PA 1910 | |
| | | City/State and Zip Code |
| | papaleoh@pepperlaw.com | |
| | E-mail address: | (to be used for future annual report notification) |
| For further in | formation concerning this matter, ple | ease call: |
| Hea | ther L. Papaleo | at (215) 981.4787 |
| | Name of Person | Area Code & Daytime Telephone Number |
| Divi R e g P.O. | ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |
| | s a check for the following amo 5.00 Filing Fee S130.00 Filing F Certificate of St | Fee & \$155.00 Filing Fee & \$\bigs\\$160.00 Filing Fee, Certificate |

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. Consulting Support Services LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") | |
|--|------------|
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wriconsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") | |
| 2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 27-0745589 (FEI number, if applicable) | |
| 4. August 19, 2009 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to cxist or "perpetual") | n |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | で発写 |
| 7. c/o PHS Corporate Services, Inc. | OF COMPON! |
| (Street Address of Principal Office) | 2) 2) |
| 8. If limited liability company is a manager-managed company, check here <a>9. The name and usual business addresses of the managing members or managers are as follows: | |
| Jacqueline Price -1675 Palm Beach Lakes Blvd., Suite 900, West Palm Beach, FL 33401 | |
| Debra Howe - 1675 Palm Beach Lakes Blvd., Suite 900, West Palm Beach, FL 33401 | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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.) | sin |
| 11. Nature of business or purposes to be conducted or promoted in Florida: Healthcare Management | |
| 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.) | |

Typed or printed name of signee

Debra Howe, Manager

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 Co | empany is: | | | |
|---|--|--|--|--|
| Consulting Support Services LLC If unavailable, the alternate to be used in the state of Florida is: | | | | |
| | | | | |
| Spector Gadon & Rosen | , LLP | | | |
| | (Name) | | | |
| 360 Central Avenue, Sui | ite 1550 | | | |
| Florida Street | Address (P.O. Box <u>NOT</u> ACCEPTABLE) | | | |
| St. Petersburg | FL 33701 | | | |
| | 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.

Spector Gadon & Rosen, LLP

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CONSULTING SUPPORT SERVICES LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JUNE, A.D. 2011.

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

4721811 8300

110756234

DATE: 06-23-11

ICATION: 8857904

You may verify this certificate online at corp.delaware.gov/authver.shtml