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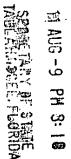
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
| L. SELLERS | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2011

ERIC M. ROTH 4 WEST RED OAK LANE, STE. 201 WHITE PLAINS, NY 10604

SUBJECT: CYPRESS HEALTH GROUP, LLC

Ref. Number: W11000036776

We have received your document for CYPRESS HEALTH GROUP, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 711A00016597

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 FOR LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: | REIGN |
|---|---------------|
| 1. CYPRESS HEALTH GROUP, 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 w consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabilit Company," "L.L.C," "LLC.") | vritten ty |
| 2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable) | |
| 4. 6/15/2010 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual") | |
| 6(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | |
| 7. 4 WEST RED OAK LANE, SUITE 201 WHITE PLAINS, NY 10604 | |
| (Street Address of Principal Office) | 11 |
| 9. The name and usual business addresses of the managing members or managers are as follows: | |
| 4 WEST RED OAK LANE, SUITE 201 | Ö |
| WHITE PLAINS, NY 10604 | |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receipthe 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.) | ords in |
| 11. Nature of business or purposes to be conducted or promoted in Florida: THE NATURE OF THE BUSINESS | |
| TO BE CONDUCTED IS ANY LAWFUL BUSINESS UNDER FLORIDA STATUES. | si uc |
| 5 m los MANAGER OF ASSET NAVIGET | R OF |
| Signature of a member or an authorized representative of a member. | 155012 |
| (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 | HUMBIL |
| TO BE CONDUCTED IS ANY LAWFUL BUSINESS UNDER FLORIDA STATUES. 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.) ERIC M. ROTH | OF. |

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.

| CYPRESS HEALTH GROUP, LLC. If unavailable, the alternate to be used in the state of Florida is: | | |
|--|---|--|
| 2. The name and the Florida street add | lress of the registered agent and office are: | |
| CAPITOL CORPOR | RATE SERVICES, INC. | |
| | (Name) | |
| 155 OFFICE PLA | ZA DRIVE, SUITE A | |
| Florida Stree | et 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.

DELANIE CASE. ASST SEC Delanie Case.
(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 "CYPRESS HEALTH GROUP, 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-SECOND DAY OF JULY, A.D. 2011.

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110847622

AUTHENTY CATION: 8921221

DATE: 07-22-11

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