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EXAMINER



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SECRETARY OF STATE



	ACCOUNT NO.	:	120000001	95	100
	REFERENCE	:	930927	7678797	10C1-3
	AUTHORIZATION	:	Lyneth	Kenan	至
	COST LIMIT	:	\$ 125.00		q.
ODDED DATE .	Contombor 20 201				
ORDER DATE :	September 30, 201				
ORDER TIME :	2:05 PM				
ORDER NO. :	930927-010				
CUSTOMER NO:	7678797				
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	FOREIGN FI	LIN	IGS		
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XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Becky Peirce -- EXT# 2919 EXAMINER:

NAME: LAS OLAS DE SEQUOIA, LLC

COVER LETTER

	istration Section ision of Corporations	
SUBJECT:	Las Olas de Sequoia, LLC	
	Ne	me of Limited Liability Company
		bility Company for Authorization to Transact Business in Florida," Ce above referenced foreign limited liability company to transact business
Please return	all correspondence concerning this m	natter to the following:
	James Loren	
		Name of Person
	DaVita Inc.	
		Firm/Company
	601 Hawaii Street	
		Address
	El Segundo, CA 90245	
		City/State and Zip Code
	james.loren@davita.com	
	E-mail address:	(to be used for future annual report notification)
For further in	formation concerning this matter, ple	ase call:
Jam	es Loren	at (310) 536-2668
	Name of Person	Area Code & Daytime Telephone Number
MALLING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	s a check for the following amore. 5.00 Filing Fee \$130.00 Filing For Certificate of States.	ee & \$\Bigsim\$155.00 Filing Fee & \$\Bigsim\$\$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 BY ISINESS IN THE STATE OF FLORIDA:

	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;
1.	Las Olas de Sequoia, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written unsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C," "LLC.")
-,	Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
	Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 09/30/2011 (Date of Organization) (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 601 Hawaii Street, El Segundo, CA 90245
6.	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	601 Hawaii Street, El Segundo, CA 90245
	(Street Address of Principal Office) If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: RMS Lifeline Inc., Managing Member, 601 Hawaii Street, El Segundo, CA 90245
the trai	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a relation of the certificate under oath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: Operation of a vascular access center 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.)
	Arturo Sida, Asst. Secretary of RMS Lifeline Inc., Managing Mbr.

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:				
Las Olas de Sequoia, LLC				
If unavailable, th	he alternate to be used in the state of Florida is:			
2. The name and	d the Florida street address of the registered agent and office are:			
	Corporation Service Company			
	(Name)			
:	1201 Hays Street			
	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.

By: Asst. Vice President

(Signature)

Becky Peirce

Asst. Vice President

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

Delaware

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The First State

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

DELAWARE, DO HEREBY CERTIFY "LAS OLAS DE SEQUOIA, 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 THIRD DAY OF OCTOBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAS OLAS DE SEQUOIA, LLC" WAS FORMED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5046143 8300

111063757

AUTHENTY CATION: 9067840

DATE: 10-03-11

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