# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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### Foreign Limited Liability Company Healthcare Purchasing Alliance, LLC

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|-----------------------|----------|
| Certificate of Status | 0        |
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**EXAMINER** 



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1417 Kuhi Ave., Ste 100, MP142 Orlando, Florida 32806 321-841-4724 (Office) 321-843-1724 (Pari)

March 6, 2012

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Creation of Healthcare Purchasing Alliance, LLC

Dear Sir or Madam:

This letter is to notify the Division of Corporations that certain owners of Healthcare Purchasing Alliance, Inc., a Florida domestic corporation, Document No: N03000003777 (the "Corporation"), have formed a Delaware limited liability company under the name Healthcare Purchasing Alliance, LLC (the "LLC"). The owners of the LLC will be the owners or affiliates of owners of the Corporation and the Corporation and its owners fully authorize and permit the LLC to be formed under this name and to qualify to do business in the State of Florida. Enclosed are the Articles of Organization.

Please contact us if you have any questions. Thank you for your help with this matter.

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Sincerely,

Chair

Healthcare Purchasing Alliance, Inc.

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

| 1. Healthcare Purchasing Alliance, LLC (Name of Foreign Circled Liability Company, "Value of Foreign Circled Liability Company," "L.L.C.," or "LLC.")   |                 |                        |                    |
|---|-----------------|------------------------|--------------------|
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florido and attach a copy of the consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabit Company," "L.L.C." "LLC."   |                 |                        |                    |
| 2. Delaware  (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)   |                 |                        |                    |
| 4. March 8 . 2012  (Date of Organization)  (Duration: Year limited liability company will cease to exist or "perpetual")  |                 |                        |                    |
| 6. (Date first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.302 F.S. to determine penalty liability)  |                 |                        |                    |
| (See sections 608.501 & 608.302 F.S. to determine penalty limbility) 7. 1417 S. Kuhl Avenue, Suite 100  |                 |                        |                    |
| Orlando, Florida 32806 (Street Address of Princips) Office)   |                 |                        |                    |
| 8. 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:     See attached.   |                 |                        |                    |
|   | TA <sub>O</sub> |                        |                    |
| 10. Attached is an original carrificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec  | ords in 🚉       | 2 Hi                   |                    |
| the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fereign language, a translation of the certificate under outh of the translator must be submitted.)   | ÁSSI<br>ÁSSI    | 457                    | takener<br>teotiar |
| 11. Nature of business or purposes to be conducted or promoted in Florida:  Provide Group Purchasing Services.  |                 |                        |                    |
| Signature of a member or an authorized representative of a member.  | ORIO            | <del>∵</del><br>∵<br>∵ | 41386              |
| (In accordance with exciton 608,409(3), F.S., the execution of this document constitutes an effirmation under the penaltics of perjuny than the faces stated berein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in s.817,155, F.S.)  Shows the constitutes a chief degree follows as provided for in s.817,155, F.S.) | A               |                        |                    |
| Typed or printed name of signee   |                 |                        |                    |
|   |                 |                        |                    |
|   |                 |                        |                    |

The initial Managers of Healthcare Purchasing Alliance, LLC are as follows:

| Manager Name    | Business Address   |
|-----------------|--|
| Kathy Swanson   | 1417 S. Kuhl Avenue, Suite 100<br>Orlando, Florida 32806 |
| Myra Hancock    | 1417 S. Kuhl Avenue, Suite 100<br>Orlando, Florida 32806 |
| Mark Jones      | 1417 S. Kuhl Avenue, Suite 100<br>Orlando, Florida 32806 |
| Greg Ohe        | 1417 S. Kuhl Avenue, Suite 100<br>Orlando, Florida 32806 |
| Shannon Elswick | 1417 S. Kuhl Avenue, Suite 100<br>Orlando, Florida 32806 |
| John Moore      | 1417 S. Kuhl Avenue, Suite 100<br>Orlando, Florida 32806 |
| Bob Snyder      | 1417 S. Kuhl Avenue, Suite 100<br>Orlando, Florida 32806 |
| Rick Schooler   | 1417 S. Kuhl Avenue, Suite 100<br>Orlando, Florida 32806 |
| Rosaline Parson | 1417 S. Kuhl Avenue, Suite 100<br>Orlando, Florida 32806 |

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# 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 Li     | mited Liability Company is:                                   |
|---------------------------|---|
| Healthcare Pur            | rchasing Alliance, LLC  |
| If unavaitable, the after | mate to be used in the state of Florida is:                   |
| 2. The name and the F     | lorida street address of the registered agent and office are: |
| David                     | L. Evans  |
|                           | (Name)  |
| 225 E                     | ast Robinson Street, Suite 600                                |
|                           | Florida Street Address (P.O. Box NOT ACCEPTABLE)              |
| Oria                      | <del></del>   |
|                           | 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.

44.40 EDI---- 6 4 4

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

5 5.00 Certificate of Status (optional)

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# Delaware

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## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HEALTHCARE PURCHASING ALLIANCE,
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 NINTH DAY OF MARCH, A.D.
2012.

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

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TALLAHASSEE, ELORIDA

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You may verify this certificate online at corp. deleware, gov/authwer, shiml

Jeffrey W. Bullock, Secretary of State

DATE: 03-09-12