Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

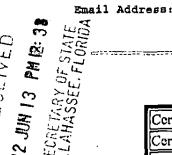
Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.



Foreign Limited Liability Company CHS WORLD SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

J. BRYAN

JUN 14 2012

https://efile.sunbiz.org/scripts/efilcovr.exe

CT CORPORATION



COVER LETTER

Division of Corporations	
SUBJECT: CHS World Services, LLC	
	Name of Limited Liability Company
The enclosed "Application by Foreign Limited I Existence, and check are submitted to register th	Liability Company for Authorization to Transact Business in Florida," Certificate of ne above referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this	s matter to the following:
	Jack R Gray
	Name of Person
	Comprehensive Health Services, Inc. Firm/Company 10701 Parkridge Boulevard, Suite 200 Address Resion, VA 20191 City/State and Zip Code
	Firm/Company
1	10701 Parkridge Boulevard, Suite 200 Address
	Address
	Reston, VA 20191
	City/State and Zip Code
	jgray@chsmedical.com
E-mail addres	s: (to be used for future annual report notification)
For further information concerning this matter, p	please cali:
	•
Ned Cooper	at (321) 783-2720
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS:	STREET ADDRESS:
Division of Corporations	Division of Corporations
Registration Section	Registration Section
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
•	Tallahassee, FL 32301
Enclosed is a check for the following am \$125.00 Filing Fee \$130.00 Filing	Fee & S155,00 Filing Fee & S160.00 Filing Fee, Certificate
Certificate of S	Status Certified Copy of Status & Certified Copy

FL057 - 10/05/2010 C T Filing Manager Online

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

IN COMPLIANCE WITH SECTION 608,503, FLORIDA SEATUTES THE POLLOWING IS SUBMITTED TO REGISTER A FORESCI. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CHS World Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company;" "L.L.C.," or "L.C.")
(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."
2. Maryland 3. 45-5469233 (Jurisdiction under the law of which foreign limited liability (FEI number; if applicable)
company is organized)
4. 05/20/2012 5. Perpotual 7.0
(Date of Organization) (Duration: Year limited liability company will telese to exist or "perpetual")
6. No business transacted as of June 12; 2012
(Date first/transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)
TO 1
7. 8810 Astronaut Blvd., Cape Capaveral, FL 32920
7. 8810 Astronaut Blvd., Cape Capaveral, FL 32920
(Strest Address of Principal Office)
8. If limited liability company is a manager-managed company, check here 🔀
2. 17 William Saferith Antibuth in a manager manager bankan hand bear and a second
9. The name and usual business addresses of the managing members or managers are as follows:
Gary Palmer, 8810 Astronaut Blvd., Cape Canaveral, FL 32920
Cary Paprior, 8810 Astronaut Bryd., Cape Canaverai, Ft-32920
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 origanized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under cath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
medical services
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 partialist of perjury that the facts stated berein are true. I am aware that any, false information submitted in a document to the Department of State constitutes a third degree falony as provided for in 3.817:155, F.S.)
Ned Cooper III
Typed or printed name of signec

FLOS7 - 10/05/2010 C T Füling Manager Online

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 of 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.

CHS World Services, LLC	
If unavailable, the alternate to be used in the state of Florida 1s:	TILE SECRETAGE
2. The name and the Florida street address of the registered agent and office are:	SEC E
C T Corporation System (Name)	8: 05
1200 South Pine island Road Florida Street Address (P.O. Box NOT ACCEPTABLE)	~
Plantation FL 33324 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.

C T Corporation System

Under Argan

Vice President

By:

(Signature)

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

FLOST - 10/03/2010 C T Filing Measure Oaline

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CHS WORLD SERVICES, LLC, REGISTERED MAY 08, 2012, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 12, 2012.

Paul B. Anderson Charter Division SECRETARY OF STATE TALLAHASSEE. FLORIDA



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1340 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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