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		•
(1	Requestor's Name)	
	Address)	
(.	Address)	
(1	City/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(1	Business Entity Nam	ne)
(1	Document Number)	-
Certified Copiés	Certificates	of Status
Special Instructions	to Filing Officer:	
	A. LU	NT
	JUN 19 :	2011

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Office Use Only

EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

	Name of Limite	ed Liability Company
ne enclo kistence,	sed "Application by Foreign Limited Liability Compa , and check are submitted to register the above referen	any for Authorization to Transact Business in Florida," Certificated foreign limited liability company to transact business in F
ease reti	urn all correspondence concerning this matter to the fo	ollowing:
	Kelly C Tripp	
		e of Person
	CareSouth HHA Holdings of Bethe	esda, LLC //Company All Assertion 15
	Firm	/Company
	PO Box 200	7888 15
		Address P
	Augusta, GA 30903-0200	
	City/State	e and Zip Code
	ktripp@caresouth.com	
	E-mail address: (to be used fo	or future annual report notification)
or furthe	r information concerning this matter, please call:	
K	Kelly C Tripp	at (706) 854-7428
	Name of Person Area C	Code & Daytime Telephone Number
D	Division of Corporations Division of	ADDRESS: of Corporations on Section
P	P.O. Box 6327 Clifton Bu	uilding
Т		cutive Center Circle se, FL 32301
	d is a check for the following amount: 125.00 Filing Fee	55.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. CareSouth HHA Holdings of Bethesda, LI (Name of Foreign Limited Liability Company; must inc	LC	pany," "L.L.C	.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the al Company," "L.L.C," "LLC.")	ose of transacting business in ternate name. The alternate n	n Florida and a ame must incl	attach a copy of t ude "Limited Lia	 he written bility
Georgia (Jurisdiction under the law of which foreign limited liability company is organized)	3. <u>90-0851674</u> (FEI numb	per, if applica	ble)	
4. 05/30/12	5. perpetual			
(Date of Organization)	(Duration: Year limited exist or "perpetual")	d liability com		0
_{6.} n/a				
(Date first transacted business in F (See sections 608.501 & 608.502 F.	lorida, if prior to registration S. to determine penalty liabil	.) ity)	SSE IS	
7. 3800 S. Congress Avenue, Suite 4			PH CF	
Boynton Beach, FL 33426		" "		
(Street Addres	s of Principal Office)		7	
8. If limited liability company is a manager-manage	d company, check here [✓		
9. The name and usual business addresses of the ma	naging members or man	agers are as	follows:	
Rick W Griffin, 1 10th St., Ste. 500, August	a, GA 30901-0103			
John M Southern, 1 10th St., Ste. 500,	Augusta, GA 30901	-0103		
Maher A Jubeir, 1 10th St., Ste. 500,	Augusta, GA 3090	01-0103		_
10. Attached is an original certificate of existence, no more than 90 the jurisdiction under the law of which it is organized. (A photoco translation of the certificate under oath of the translator must be sub-	py is not acceptable. If the cert			
11. Nature of business or purposes to be conducted of	or promoted in Florida:	nome hea	alth services	<u>. </u>
Signature of a member or an a	uthorized representative	of a mamb		<u>_</u> ·
(In accordance with section 608.408(3), F.S., the exe	· ·			
penalties of perjury that the facts stated herein are t				

Typed or printed name of signee

Rick W. Griffin, Pres/CEO/Manager

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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	y Company is:	
CareSouth HHA Holding	s of Bethesda, LLC	
If unavailable, the alternate to be use	ed in the state of Florida is:	
2. The name and the Florida street a	ddress of the registered agent and office are:	2)12 J
CT Corporation S	ystem (Name)	2012 JUN 15 F
1200 South Pine		PH I: S7
riorida Si	rect Address (P.O. Box NOT ACCEPTABLE)	5 3
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.

Michael Seraphin Asst. Secretary
(Signature)

\$ 100.0	Filing Fee for Application
\$ 25.0	Designation of Registered Agent
\$ 30.0	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Control No. 12045508

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

CARESOUTH HHA HOLDINGS OF BETHESDA, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 05/30/2012 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 11th day of June, 2012

B:Ph

Brian P. Kemp Secretary of State

Certification Number: 9141883-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp