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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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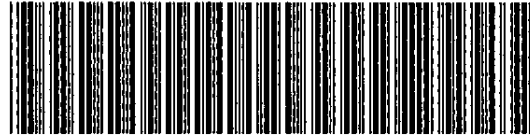
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FILED
13 MAR -4 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2013

STUART C. WOODWARD
SEBRIGHT SECURE HEALTH LLC
1165 19TH STREET
VERO BEACH, FL 32960

SUBJECT: SEBRIGHT SECURE HEALTH LLC
Ref. Number: W13000010437

FILED
13 MAR -14 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SEBRIGHT SECURE HEALTH LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have attached the certificate part of a certified copy of a Delaware Certificate of Formation.

What we require to complete your Florida registration is not a certified copy of your Delaware formation form.

What we must ask you to please obtain is a STANDING CERTIFICATE issued by the Delaware Secretary of State. And example of this STANDING CERTIFICATE is enclosed.

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) 245-6051.

Buck Kohr
Regulatory Specialist II

Letter Number: 313A00004190

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEBRIGHT SECURE HEALTH LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida" Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

STUART C WOODWARD
Name of Person

SEBRIGHT SECURE HEALTH LLC
Firm/Company

1165 19TH ST
Address

VERO BEACH FL 32960
City/State and Zip Code

stuart.woodward@celadonreef.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STUART C WOODWARD at (772) 617-0010
Name of Person Area Code & Daytime Telephone Number

MAILING 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

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

FILED
13 FEB 14 AM 8:46
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. SEBRIGHT SECURE HEALTH 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 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. DELAWARE 3. 46-2044519
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JAN 22, 2013 5. PERPETUAL
(Date of Organization) (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. 1165 19TH ST
VERO BEACH FL 32960
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

<u>STUART C. WOODWARD</u>	}	<u>1165 19TH ST VERO BEACH FL 32960</u>
<u>PETER S. KNEZEVICH</u>		
<u>DR. BRAD HUTSON</u>		
<u>JAMES H. WRIGHT</u>	}	<u>3030 GRAND BAY BLVD, UNIT 376</u> <u>LONGBOAT KEY FL 34228</u>
<u>LUANNE S. WRIGHT</u>		

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 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.)

11. Nature of business or purposes to be conducted or promoted in Florida: NETWORKING
SOLUTIONS FOR HEALTH CARE ORGANIZATIONS

[Signature]
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.)

STUART C. WOODWARD
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:

SEBRIGHT SECURE HEALTH LLC

If unavailable, the alternate to be used in the state of Florida is:


2. The name and the Florida street address of the registered agent and office are:

STUART C WOODWARD
(Name)

1165 19TH ST
Florida Street Address (P.O. Box NOT ACCEPTABLE)

VERO BEACH FL 32960
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.


(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

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEBRIGHT SECURE HEALTH 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-FIRST DAY OF FEBRUARY, A.D. 2013.

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



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


jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0232667

DATE: 02-21-13