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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Drynachan, LLC
Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o 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:
Glenda Redding
Name of Person
Drynachan, LLC
Firm/Company
P.O. Box 240
Address
Osage City, KS 66523
City/State and Zip Code
Glenda.Redding@advancehlth.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AS 3
Glenda Redding at (785) 528-2727
Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations 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 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\int\\$125.00\text{ Filing Fee} \text{\$\subseteq}\$\\$130.00\text{ Filing Fee & Certificate of Status}\$ Certificate of Status \$\int\\$155.00\text{ Filing Fee & Gertificate 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. Drynachan, 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, Kansas 3, 27-3279388
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 8-19-2010 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. N/A
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 1012 Laing
Osage City, KS 66523
(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:
Allen F Wise P.O. Box 240 Osage City, KS 66523
Brian Wise P.O. Box 240 Osage City, KS 66523
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 eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Home Health
Assessments
Allen FWpl
Signature of a member or an authorized representative of a member.

Typed or printed name of signee

Allen F. Wise

(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.)

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.

If unavailable, t	he alternate to be use	ed in the state of Florida is:	
2. The name an	d the Florida street a	ddress of the registered agent and office are	e:
	Registered Agent	s Inc.	
		(Name)	
	3030 N. Rocky I	Point Dr. STE 150A	SEC
		treet Address (P.O. Box NOT ACCEPTABLE)	JUL 23 KETAK AHASS
	Tampa	_{FL} 33607	Land
		City/State/Zip	OF ST

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

(Signature)

Dan Keen-President

STATE OF KANSAS OFFICE OF SECRETARY OF STATE KRIS W. KOBACH

I, KRIS W. KOBACH, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6454748

Entity Name: DRYNACHAN, LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: ALLEN F WISE

Registered Office: 1012 LAING, OSAGE CITY, KS 66523

was filed in this office on August 19, 2010, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and and the seal of the Secretary of State of the state of Kansas on this day of July 18, 2013

KRIS W. KOBACH SECRETARY OF STATE

Certificate ID: 581588 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.