## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name

: C T CORPORATION SYSTEM

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### Foreign Limited Liability Company OPTUM360, LLC

Certificate of Status	0	
Certified Copy	0	
Page Count	06	
Estimated Charge	\$125.00	

K. SALY EXAMINER OCT 1 4 2013

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CR2E027 (9/10) COVER LETTER
TO: Registration Section Division of Corporations
SUBJECT: Optum360, 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:
Sherri Hoppe
Name of Person
UnitedHealth Group Incorporated
Firm/Company
9900 Bren Road East
Address
Minnetonka, MN 55343
City/State and Zip Code
sherri.hoppe@uhg.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sherri Hoppe at ( 952 ) 936-6616
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  Tallahassee, FL 32314  Z661 Executive Center Circle  Tallahassee, FL 32301
Enclosed is a check for the following amount:  S125.00 Filing Fee S130.00 Filing Fee S135.00 Filing Fee S155.00 Filing Fee S1560.00 Filing Fee, Certificate  Certificate of Status Certified Copy  Certified Copy

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

IN COMPLIANCE WITH SECTION 608303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Optum360, 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," "LLC," "LLC.")
2. Delaware  (Jurisdiction under the law of which foreign limited liability company is organized)  3. 46-3328307  (FEI number, if applicable)
4, 07/17/2013  5. Perpetual  (Date of Organization)  (Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon Qualification  (Date first transacted business in Florida, if prior to registration.)  (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 13625 Technology Drive, Eden Prairie, MN 55344
(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:
William Miller , 13625 Technology Drive, Eden Prairie, MN 55344
John Rex , 13625 Technology Drive, Edon Prairie, MN 55344
Andrew Slavitt, 13625 Technology Drive, Eden Prairie, MN 55344
SEE ATTACHMENT  10. Attached is an original certificate of existence, no more than 90 days old, duly muthenticated 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 ceth of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Healthcare Data Management Services
- PAX
Signature of a member of an authorized representative of a member.
(In accordance with section 608.408(3), P.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.)
William Willer, Manager of Optum360, LLC
Typed or printed name of signee

#### Attachment to Florida Member / Manager Information

I Full Name: Travis Winkey

Member/Manager: Manager

Business Address: 13625 Technology Drive

City: Eden Prairie

State: MN ZIP Code: 55344

2 Full Name: Peter Hanelt

Member/Manager: Manager

Business Address: 13625 Technology Drive

City: Eden Prairie

State: MN ZIP Code: 55344

3 Full Name: Michael Blaszyk

Member/Manager: Manager

Business Address: 13625 Technology Drive

City: Eden Prairie

State: MN ZIP Code: 55344

1. The name of the Limited Liability Company is:

# 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.

Optum360, L	.LC	
If unavailat	ole, the alternate to be used in the state of Florida is:	-1 V
2. The name	ne and the Florida street address of the registered agent and office are:	MASSET
•	C T Corporation System	بر ا سر ایا
	(Name)	
		, 7
	1200 South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
•		
	Plantation FL 33324	
	City/State/Zip	
liability con registered a statutes rela	n named as registered agent and to accept service of process for the above standard at the place designated in this certificate, I hereby accept the appointmentagent and agree to act in this capacity. I further agree to comply with the provinting to the proper and complete performance of my duties, and I am familiar with the provinting to the proper and complete performance of my duties, and I am familiar with the provintions of my position as registered agent as provided for in Chapter 608, I CT Corporation System    CT Corporation System   Jeanne Nelson   Parish to the province of	nt as isions of all with and
	By: Claure Melson Assistant Secretary	
	(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

03/70 1

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "OPTUM360, 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 TENTH DAY OF OCTOBER, A.D. 2013.

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

5359534 8300

131183798

You may vorify this certificate online at corp.dolaware.gov/suthver.shtml

Jeffrey W. Bullock, Secretary of State

TITHENTICATION 0804776

DATE: 10-10-13