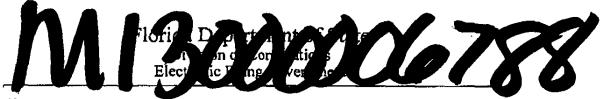
Division of Corporations

Page 1 of 1



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 Phone : (850)222-1092 Fax Number : (850)878-5368

**Enter	the	email	address	for	this	busines	s entity	to	be	used	for	futüre
an	nual	repor	t mailin	as.	Enter	only or	ne email	add	res	s ple	ase.	★★ P***********************************

Email Address:

Foreign Limited Liability Company NxStage Florida, LLC

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

Electronic Filing Menu

Corporate Filing Menu

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OCT 28 2013 D. BRUCE CR2E027 (9/10)

COVER LETTER

TO: Registration Section Division of Corporations

NxStage Florida, 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:

Kristen Thompson	
Name of Person	
NxStage Medical, Inc.	
Firm/Company	
350 Merrimack Street	
Address	2 2
Lawrence, MA 01843	
City/State and Zip Code	
krthompson@nxstage.com	第 25 「
E-mail address: (to be used for future annual report n	otification)
rmation concerning this matter, please call:	otification)
sten Thompson 978 65	i5-2041

For further info

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 & **Cartified Copy**

□ \$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 OR SIX FLORIDA STATE ITES THE POLLOWING IS SUBMITTED TO RECISIER A RORFIGN

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. NxStage Florida, 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
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 03/22/2013 (Date of Organization) 5. perpetual (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. 350 Merrimack Street
Lawrence, MA 01843
(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:
NxStage Kidney Care, Inc., 350 Merrimack Street, Lawrence, MA 01843
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:
The transaction of any or all lawful business for which limited liability companies may be organized.
Mot Men
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 a.817.155, F.S.)
Robert Brown
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: NxStage Florida, 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:	2013 Tile			
CT Corpor					
	(Name)	25			
1200 Sout					
Florida S	treet Address (P.O. Box NOT ACCEPTABLE)				
Plantation	_{FL} 33324	52 -			
	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.

Conie Buyan	Connie Bryan
(Signatur)	and Secretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Delaware

DAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "NXSTAGE FLORIDA, 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 SEOW, AS OF THE TWENTY-SECOND DAY OF OCTOBER, A.D. 2013.

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

5308586 8300

131223306

You may verify this certificate onlin

Jeffrey W. Bullock, Secretary of State

DATE: 10-22-13