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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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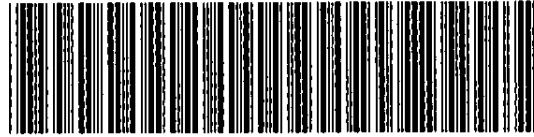
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2013 NOV 22 AM 10:57

B. BOSTICK  
NOV 25 2013  
EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 895217 4372680

AUTHORIZATION :

COST LIMIT : \$ 125.00

*Susie Knight*

ORDER DATE : November 22, 2013

ORDER TIME : 10:27 AM

ORDER NO. : 895217-040

CUSTOMER NO: 4372680

FOREIGN FILINGS

NAME: UNIVERSITY OF ST. AUGUSTINE  
FOR HEALTH SCIENCES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX          PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

2013 Nov 22 AM 10:57  
FILING OFFICE

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER: \_\_\_\_\_

**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. University of St. Augustine for Health Sciences, 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. California 3. 59-3166042  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/21/2013 5. perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 11/21/2013  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 700 Windy Point Drive  
San Marcos, CA 96069  
(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:  
See attached.

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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: See attached.

Deborah L. Zimic  
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.)

Deborah L. Zimic  
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:

University of St. Augustine for Health Sciences, LLC

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

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

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL

32301

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.*

Corporation Service Company

By: 

(Signature)

**Joe G. Knight**  
Registered Vice President

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

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**LIST OF MANAGERS**

**University of St. Augustine for Health Sciences, LLC**

All managers are located at:

700 Windy Point Drive  
San Marcos, CA 92069

Managers:

Cynthia Baum  
A. Leslie DaCruz  
Donna Dorsey  
Francisco Gutierrez  
John Hoey  
Ramon Jimenez  
Richard Krygiel  
Matt Ledges  
Stanley V. Paris  
Catherine E. Patla  
Richard Patro  
Lynn Priddy  
Paula R. Singer

4/13/22 4:10:51  
UNIVERSITY OF ST. AUGUSTINE

**University of St. Augustine for Health Sciences, LLC**

**Attachment to Limited Liability Company Articles of Organization - Conversion**

The activities of the Company shall be limited to providing educational programs at the University of St. Augustine for Health Sciences in any of the physical therapy, occupational therapy, orthopedic physician assistant, physician assistant and nurse practitioner fields. Notwithstanding the foregoing, the Company may engage in any additional act or activity that i) may be carried on by a limited liability company under the Beverly-Killea Limited Liability Company Act, ii) is permitted by all applicable accreditors, and iii) is authorized or approved by the Company pursuant to the Company's operating agreement.

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**State of California  
Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:** UNIVERSITY OF ST. AUGUSTINE FOR HEALTH SCIENCES, LLC

**FILE NUMBER:** 201332510026  
**FORMATION DATE:** 11/21/2013  
**TYPE:** DOMESTIC LIMITED LIABILITY COMPANY  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

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I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

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



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of November 21, 2013.

*Debra Bowen*

**DEBRA BOWEN  
Secretary of State**

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