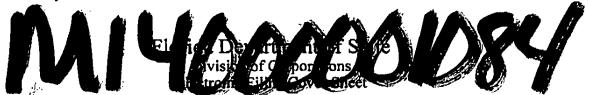
**Division of Corporations** 

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.

(((H14000035865 3)))



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To:

Division of Corporations

Corporations Please retain original filing and corporation and corporation system submission 2/13/14

From:

Account Name

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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Foreign Limited Liability Company **HEALTH NET VETERANS LLC** 

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 0405     |
| Estimated Charge      | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

HeIFEB 17 2014 D. BRUCE

February 14, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: HEALTH NET VETERANS LLC

REF: W14000009581

2014 FEB 13 AM 9: 00
SECRETARY OF STATE
SECRETARY OF STATE

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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.

Deborah Bruce Regulatory Specialist II FAX Aud. #: H14000035865 Letter Number: 614A00003388

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\*RE-SUBMIT\*
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date of submission \*\*

\*RE-SUBMIT\*

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| Health Net Veterans LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.                                                                                                                                                                                         | 114           | _        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------|
| (Name of Potenga Lamines Laboury Company; mass mention Lumines Listerly Company, "T.L.C., or LLC.                                                                                                                                                                                                                        | ,             |          |
| If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name muliability Company," "LLC," or "LLC.")                                                                                                                                                         | st include "L | lmited   |
| Delaware 3                                                                                                                                                                                                                                                                                                               |               |          |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)                                                                                                                                                                                                         |               | _        |
| (Date first transacted business in Blands if noine to registration)                                                                                                                                                                                                                                                      |               | _ ′      |
| (Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)                                                                                                                                                                           |               |          |
| Health Net Veterans LLC                                                                                                                                                                                                                                                                                                  |               | _        |
| 2025 Aerojet Road, Rancho Cordova, CA 95742                                                                                                                                                                                                                                                                              |               | _        |
| (Street Address of Principal Office)                                                                                                                                                                                                                                                                                     |               | _ 20     |
| Hoalth Not Veterans LLC                                                                                                                                                                                                                                                                                                  |               | 2014     |
| 2025 Aerojet Road, Rancho Cordova, CA 95742                                                                                                                                                                                                                                                                              |               | _EB      |
| (Mailing Address)                                                                                                                                                                                                                                                                                                        | S 52          | [        |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage                                                                                                                                                                                                                             | is/stroup     | <b>₽</b> |
| David R. Feniger (Mgr), 2025 Aerojet Road, Rancho Cordova, CA 95742                                                                                                                                                                                                                                                      | 1.6           | " وي_    |
| Thomas F. Carrato (Mgr), 2107 Wilson Boulevard, Suite 900, Arlington, VA 22201                                                                                                                                                                                                                                           | ATT:          | <u> </u> |
| Anthony J. Koelker (Mgr), 2107 Wilson Boulevard, Suite 900, Arlington, VA 22201                                                                                                                                                                                                                                          |               |          |
| 3. Attached is an original certificate of existence, no more than 90 days old, duly authenticate naving custody of records in the jurisdiction under the law of which it is organized. (A photococceptable. If the certificate is in a foreign language, a translation of the certificate under oath must be submitted)  | opy is no     | it       |
| Dan 7                                                                                                                                                                                                                                                                                                                    |               |          |
| Signature of an authorized person in accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the maware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in |               |          |
| David R. Feniger                                                                                                                                                                                                                                                                                                         | ,             |          |
| Typed or minted name of signer                                                                                                                                                                                                                                                                                           |               |          |

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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 Compa                                                                                                                                                                                                               | ny is:                                                                                                                                 |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| If unavailable, the alternate to be used in the                                                                                                                                                                                                          | state of Florida is:                                                                                                                   |                                                |
| 2. The name and the Florida street address o                                                                                                                                                                                                             | f the registered agent and office are:                                                                                                 |                                                |
| CT Corporation System                                                                                                                                                                                                                                    |                                                                                                                                        |                                                |
|                                                                                                                                                                                                                                                          | (Name)                                                                                                                                 | <b>.</b>                                       |
| 1200 South Pine Island Road                                                                                                                                                                                                                              |                                                                                                                                        |                                                |
| Plorida Street Add                                                                                                                                                                                                                                       | ress (P.O. Box NOT ACCEPTABLE)                                                                                                         | _                                              |
| Plantation                                                                                                                                                                                                                                               | FT_33324                                                                                                                               | _                                              |
|                                                                                                                                                                                                                                                          | City/State/Zip                                                                                                                         | _                                              |
| Having been named as registered agent and to liability company at the place designated in the registered agent and agree to act in this capatistatutes relating to the proper and complete p accept the obligations of my position as registed Statutes. | nts certificate, I hereby accept the appoint<br>city. I further agree to comply with the p<br>erformance of my duties, and I am famili | atment as<br>provisions of all<br>iar with and |
| By: CT Culpulation System                                                                                                                                                                                                                                | ·/                                                                                                                                     | A                                              |
| (Signe                                                                                                                                                                                                                                                   | uro)                                                                                                                                   | FEB 13                                         |
| \$ 100.00<br>\$ 25.00<br>\$ 30.00<br>\$ 5.00                                                                                                                                                                                                             | Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)                  | # 9:01                                         |

## Delaware

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALTH NET VETERANS 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 TWELFTH DAY OF FEBRUARY, A.D. 2014.

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

DATE: 02-12-14