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B. BOSTICK

AUG 2 5 2014

ENAMINED



ACCOUNT NO. : 12000000195

REFERENCE : 266638 7928165

AUTHORIZATION

COST LIMIT

ORDER DATE: August 21, 2014

ORDER TIME: 3:24 PM

ORDER NO. : 266638-020

CUSTOMER NO: 7928165

FOREIGN FILINGS

NAME: SF HILLSBOROUGH, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

__ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SF Hillsborough, 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:	
Kimberly Ruggiero	
Name of Person	
Health Care Navigator, LLC	
Firm/Company	
4 West Red Oak Lane, Suite 201	
Address	
White Plains, NY 10604	
City/State and Zip Code	
KRuggiero@hcnavigator.net	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	ī
Kimberly Ruggiero at 914 390-4325 Name of Contact Person Area Code Daytime Telephone Number	-
Name of Contact 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: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	

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: 1 SF Hillsborough, 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. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) N/A (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 40 South Palafox Place, Suite 400 Pensacola, FL 32502 (Street Address of Principal Office) 6. 40 South Palafox Place, Suite 400 Pensacola, FL 32502 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Florida Facilities, LLC MANAGER 40 South Palafox Place, Suite 400 Pensacola, FL 32502 8. 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)

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 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.)

Craig Robinson

Typed or printed name of signee

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 Lia SF Hillsborough, L	• • •	
If unavailable, the alternate to b	ne used in the state of Florida is:	
2. The name and the Florida str	reet address of the registered agent and office are:	
Corporat	tion Service Company	 ₹
	(Name)	
1201 Ha	ys Street	T MEETING
Flo	rida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee	FL 32301	
	City/State/Zip	1

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 605, Florida Statutes.

Stephanie Milner Asst. 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)

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SF HILLSBOROUGH, 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 TWENTY-FIRST DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SF HILLSBOROUGH, LLC" WAS FORMED ON THE FOURTEENTH DAY OF AUGUST, A.D. 2014.

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

5586586 8300

141098339

Jeffrey W Bullock, Secretary of State

AUTHENTYCATION: 1640126

DATE: 08-21-14

You may verify this certificate online at corp.delaware.gov/authver.shtml