M14000006148

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DUPAGE OF STATE SECRETARY OF STATE SECRETARY OF STATE SECRETARY OF STATE OF STATE SECRETARY OF STATE O

AUG 2.8 2014 J. HARRIS



August 27, 2014

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9256316 SO

Customer Reference 1:

14-08-0401

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

CH FL NORTHWEST, LLC (DE) Registration Florida

CH FL NORTHWEST, LLC (DE) Cert Copy of Application for Authority-Foreign Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

	legistration Section livision of Corporations			
SUBJECT	CH FL NORTHWEST, LLC			
	Nam	e of Limited Liability Company	•	
The enclose Existence,	sed "Application by Foreign Limited Liab and check are submitted to register the ab	ility Company for Authorization	on to Transact Business in Florida," of liability company to transact busine	Certificate of ss in Florida
Please retu	arn all correspondence concerning this ma	tter to the following:		,
	Melissa Cooke		<u>-</u>	1 Sing
		Name of Person		SHOP
	Censco Health LLC			SECHETARY VISION OF CO
		Firm/Company		PH 3500
	4055 Valley View Lane, Suite 400			ERATIONS H 1: 12
	Address			12 12
	Dallas, Texas 75244			
		City/State and Zip Code		
	mcooke@censeohealth.com			
	E-mail address;	(to be used for future annual repo	ort notification)	
For further	information concerning this matter, please	e call:		
N	Nargaret Alexander	at (615)	259-6721	
	Name of Contact Person	Area Code	Daytime Telephone Number	
D R P	ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	le .	
	is a check for the following amou 1\$125.00 Filing Fee	g Fee & \$155.00 Filing		

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. CH FL Northwest, LLC	
(Name of Foreign Limited Lie	bility Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name a Liability Company," "L.L.C," or "LLC.")	dopted for the purpose of transacting business in Florida. The alternate name must include "Limited
2. Delaware	3.
(Jurisdiction under the law of which forei company is organized)	gn limited liability (FEI number, if applicable)
4. upon registration	
(Date (See sect	first transacted business in Florida, if prior to registration.) ions 605.0904 & 605.0905, P.S. to determine penalty liability)
5. 4055 Valley View Lane, Suite 400	
Dallas, Texas 75244	(Street Address of Principal Office)
	(Street Address of Principal Office)
6. 4055 Valley View Lane, Suite 400	<u> </u>
Dallas, Texas 75244	(Mailing Address)
	(Mailing Address)
7. The name, title or capacity an	d address of the person(s) who has/have authority to manage is/are:
Bales Nelson - President	4055 Valley View Lane, Suite 400, Dallas, Texas 75244
Melissa Cooke - Treasurer	4055 Valley View Lane, Suite 400, Dallas, Texas 75244
Allen Dye - Secretary	4055 Valley View Lane, Suite 400, Dallas, Texas 75244
having custody of records in the jacceptable. If the certificate is in a must be submitted)	te of existence, no more than 90 days old, duly authenticated by the official urisdiction under the law of which it is organized. (A photocopy is not a foreign language, a translation of the certificate under oath of the translator
Meli	ssa M. Cooke
In accordance with section 605,0203, F.S., the exam aware that any false information submitted in a	Signature of an authorized person ecution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true. I document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
Melissa Cook	e
	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 Liability	y Company is:	
CH FL Northwest,	LLC		
If unavailable, th	e alternate to be uso	ed in the state of Florida is:	
2. The name and	I the Florida street a	address of the registered agent and office are:	<u> </u>
	NRAl Services, Inc.		14.0 SI
		(Name)	AUG
	1200 South Pine Island	Road	1 ARY 0 F CC 2 7
Florida Street Address (P.O. Box NOT ACCEPTABLE)		무 분위	
	Plantation	FL 33324	1: 12
		City/State/Zip	2

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.

Ву:	NRAI Services, Inc	chadder	
		(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

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CH FL NORTHWEST, 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-SIXTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CH FL
NORTHWEST, LLC" WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D.
2014.

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

5589606 8300

141110109

Jeffrey W. Bullock, Secretary of State
AUTHENT\CATION: 1648562

DATE: 08-26-14

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