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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Foreign Limited Liability Company SCA-Alliance, LLC

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COVER LETTER

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SUBJECT:	SCA-Alliance, LLC	:					
			Limited Lia	bility Company		·	
The enclosed Existence, ar	d "Application by For nd check are submitte	reign Limited Liabili ad to register the abov	y Company e reference	for Authorization	on 10 Tran d liability (sact Business in Florida," Cer company to transact business	tificate d in Florid
Please return	all correspondence	concerning this matte	r to the folio	owing:			
	Kineshia Collin	1					
		· · · · · · · · · · · · · · · · · ·	Name	f Person			
	Surgical Care A	ffiliates, LLC					
		···	Firm/C	ompany			
	3000 Riverchase Galleria, Suite 500						
			Ad	dress			
	Birmingham, A	L 35244					
			City/State a	nd Zip Code		****	
	kineshia.collins@	@scasurgery.com					
		E-mail address: (to	be used for	iuture annual repo	ort notificat	ion)	
For further is	nformation concernin	g this matter, please	call:				
Kir	neshia Callins			(205)	263-7863	3	
_	Name	of Contact Person	**	Area Code		ime Telephone Number	
Div Reg P.O	ILING ADDRESS: islon of Corporations pistration Section Box 6327 lahassee, FL 32314		Registration Clifton Build	Corporations Section , ling ive Center Circl	le		
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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. SCA-Alliance, 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 Liability Company," "LLC." or "LLC.")	"Limited	
2. Delaware 3.		
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)		
4.		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		
5. 3000 Riverchase Galleria, Suite 500, Birmingham, AL 35244		
(Street Address of Principal Office)	_	
6. 3000 Riverchase Galleria, Suite 500, Birmingham, AL 35244		
2	φ <u></u>	
(Mailing Address)	<u> </u>	
		;
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/ares-	$\geq -$	4*5
Richard L. Sharff, Jr Vice President		i
3000 Riverchase Galleria, Suite 500		
CONTRACTOR OF THE STATE OF THE	œ	}
Birmingham, AL 35244	<u>:</u>	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is a acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the trust be submitted)	official ot	
Signature of an authorized person [In accordance with socilor 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated		e. !
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, Richard L. Sharff, Jr.	F.S.)	
Typed or printed name of signee		

1. The name of the Limited Liability Company is:

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.

SCA-Alliance, If unavailable		ed in the state of Florida i	s:	
2. The name	and the Florida street a	ddress of the registered a	gent and office are:	
	C T Corporation System	n		
		(Name)		1000
	1200 South Pine Island Road			77 - 73
	Florida S	treet Address (P.O. Box NOT	ACCEPTABLE)	**
	Plantation	PL 33324		iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii
	T IUII 250/II	City/State/Zip		
liability compregistered ag statutes relat	pany at the place design gent and agree to act in t ting to the proper and co	ent and to accept service of ated in this certificate. I he his capacity. I further ago implete performance of my as registered agent as pro	ereby accept the appoince to comply with the point duties, and I am famil	tment as provisions of all iar with and
	C T Corporation Sy By:	Count Buyan	Connicia	•
		(Signature)	Residence L.	
	s s s s	30.00 Certified Copy	Registered Agent	

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SCA-ALLIANCE, 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 NINTH DAY OF SEPTEMBER, A.D. 2014.

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

5594599 8300

AUTHENTYCATION: 1683732

DATE: 09-09-14