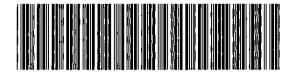
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Registration Section
Division of Corporations

TO:

_{зивієст:} Alachua County HRC, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of 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:

Geoff Fraser
Name of Person
Clear Choice Health Care
Firm/Company
709 S Harbor City Blvd, Suite 240
Address
Melbourne, FL 32901
City/State and Zip Code
gfraser@clearchoicehc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Bassett

,404

433-5589

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:

☐ \$125.00 Filing Fee

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 SOLVEN.

If name unavailable, enter alternate nameiability Company," "L.L.C," or "LLC.")	adopted for the purpose of transacting	business in Florida. The alternate name must include "Limi
_. Georgia	3. N.	۹.
(Jurisdiction under the law of which for company is organized)		(FEI number, if applicable)
, N.A.		
(Da (Sce se	te first transacted business in Florida, i ctions 605.0904 & 605.0905, F.S. to d	f prior to registration.) etermine penalty liability)
709 S Harbor City	Blvd, Suite 240	
Melbourne, FL 329	901	
700 0 11 0'4 1	(Street Address of Princi	pal Office)
709 S Harbor City I	Blvd, Suite 240	
Melbourne, FL 329	001	
	(Mailing Addres	s)
7. The name, title or capacity a	nd address of the person(s) w	ho has/have authority to manage is/are:
Samuel B. Kellett, So	ole Member, SBK, L	L.C., Manager
1935 Garraux Road	Atlanta, GA 30327	

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)

Derna P. Kenney

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 s.817.155, F.S.)

Deborah P. Kennedy, Attorney in Fact

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

2814 OCT 28 PH 12 18 PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA C 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:
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Alachua County HRC, LLC

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

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

Deborah P. Kennedy

709 S. Harbor City Blvd, Suite 240

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

Melbourne

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.

Debnal Rends (Sunature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 **Certified Copy (optional)**

Certificate of Status (optional) 5.00

STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED : October 16, 2014 JURISDICTION

: 14099409 : Georgia

PRINT DATE

: October 16, 2014

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

> Alachua County HRC, LLC A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Brian P. Kemp Secretary of State

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