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COVER LETTER

FILED 2014 OCT 28 FHIR 48

TO:

Registration Section Division of Corporations

Marion 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)
mation concerning this matter, please call:

For further inform

William Bassett

Name of Contact Person

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:

FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:. \geq	₹ / ```` ₹ ^ ```
1. Marion County HRC, LLC	1.77.55
Name of Foreign Limited Liability Company; must include "Limited Liability Company" "L C " or "L C	")

Georgia	3. N.A.
(Jurisdiction under the law of which foreign lim company is organized)	
N.A.	
(Date first to (See sections 6	ransacted business in Florida, if prior to registration.) 05.0904 & 605.0905, F.S. to determine penalty liability)
709 S Harbor City Blvd	d, Suite 240
Melbourne, FL 32901	
	(Street Address of Principal Office)
709 S Harbor City Blvd	, Suite 240
Melbourne, FL 32901	
	(Mailing Address)
7. The name, title or capacity and ad-	dress of the person(s) who has/have authority to manage is/are:
Samuel B. Kellett, Sole N	Member, SBK, L.L.C., Manager
1935 Garraux Road, Atla	anta, 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)

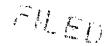
Signature of an authorized person

(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



PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA 59 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	1.	The name	of the	Limited	Liability	/ Compan	y is:
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Marion 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

(Name)

709 S. Harbor City Blvd, Suite 240

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

Melbourne

3290

City/State/Zin

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.

Debud Rends (Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

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

: Georgia

: 14099423

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

> Marion 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.

B: Ph

Brian P. Kemp Secretary of State

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