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14 OCT 20 PH 12: 44 ZM4 OCT 28 PH F: 44

SECRETARY OF SECRETARY

COVER LETTER

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TO:

Registration Section Division of Corporations 2814 0CT 28 PM 1: 44

SUBJECT:

Sumter 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

I. Sumter County HRC, LLC	TALLAM TOLL FLOW
(Name of Foreign Limited Liability Company; must inclu	de "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of tra Liability Company," "L.L.C," or "LLC.")	ansacting business in Florida. The alternate name must include "Limited
	, N.A .
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. N.A.	
(Date first transacted business in (See sections 605.0904 & 605.0905,	Florida, if prior to registration.) F.S. to determine penalty liability)
5. 709 S Harbor City Blvd, Suite 240)
Melbourne, FL 32901	
	of Principal Office)
6. 709 S Harbor City Blvd, Suite 240	<u> </u>
Melbourne, FL 32901	
(Mailin	g Address)
7. The name, title or capacity and address of the person	on(s) who has/have authority to manage is/are:
Samuel B. Kellett, Sole Member, Sl	BK, L.L.C., Manager
1935 Garraux Road, Atlanta, GA 30	0327
having custody of records in the jurisdiction under the	lore than 90 days old, duly authenticated by the official law of which it is organized. (A photocopy is not translation of the certificate under oath of the translator

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

FILED 2014 OCT 28 PH 1:44 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.

	he Limited Liability Company is:	
If unavailable, th	e alternate to be used in the state of Flo	orida is:
2. The name and	the Florida street address of the regist	ered agent and office are:
	Deborah P. Kennedy	
•	(Name)	
	709 S. Harbor City Blv	d, Suite 240
•	Florida Street Address (P.O. Bo	OX NOT ACCEPTABLE)
	Melhourne	32901

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.

City/State/Zip



Filing Fee for Application \$ 100.00 \$ 25.00 **Designation of Registered Agent Certified Copy (optional)** \$ 30.00 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: 14099363
DATE INC/AUTH/FILED: October 16, 2014 29/4 00 7 28
JURISDICTION: Georgia: 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

> Sumter 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

Tracking #: O6XA2W7d