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(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
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	P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666 WALK IN
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SPECIAL INSTRUCTIONS:

(CORPORATE NAME AND DOCUMENT #)

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COVER LETTER

CUDIFCT.		CHG Management St. Petersburg, LLC		
SUBJECT:		Name of Limited Liability Company		
		reign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o		
Please return a	all correspondence	concerning this matter to the following:		
	Kelii Puller			
		Name of Person		
	HIQ Corporat	e Services, Inc.		
	Firm/Company			
	715 St. Paul S	street		
		Address		
	Baltimore MI	21202		
		City/State and Zip Code		
	kstrayer@cap			
		E-mail address: (to be used for future annual report notification)		
For further info	ormation concerning	g this matter, please call:		
Kelli Puller		800 564-5300		
	Name o	f Contact Person Area Code Daytime Telephone Number		
Division Regist P.O. B	JNG ADDRESS: on of Corporations ration Section Box 6327 assee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	check for the for the for the formal control of the formal control	Dillowing amount: \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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: CHG Management St. Petersburg, 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 "Limited Liability Company," "L.L.C," or "LLC.") Delaware (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) c/o Capital Health Group 1422 Clarkview Lane (Street Address of Principal Office) Baltimore, MD 21209 As Above (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: 1422 Clarkview Lane Baltimore, MD 21209 Brian Reynolds, Manager 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.) Brian Reynolds 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.

CHG Manager	mpany is: ment St. Petersburg, LLC	
If unavailable, the alternate to be used in	the state of Florida is:	
2. The name and the Florida street address	ss of the registered agent and office are:	lis.
TRAC - The	Registered Agent Company (Name)	AON & LANGSTON (
1574 Village Square Blvd, Suite 100		Footro
Tallahassee	Address (P.O. Box NOT ACCEPTABLE) 32309 FL	AF STATIONS AF STATIONS
	City/State/Zip	

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.

TRAC - The Registered Agent Company

Maggie Hope Muszelik | Asst Secretary
(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 "CHG MANAGEMENT ST. PETERSBURG, 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2014.

5642440 8300

141425887

AUTHENTY CATION: 1878744

DATE: 11-18-14

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