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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
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INFORMATION SERVICES

Foreign Limited Liability Company
Envoy Health Management, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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Corporate Filing Menu

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H140002874013

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Envoy Health Management, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability
Company," "LLC," "LLC.")

2. Michigan 3. 45-2301399
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon Filing.
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 325 W. Atherton Rd, Flint, Michigan 48507

- (Street Address of Principal Office)


6. 325 W. Atherton Rd, Flint, Michigan 48507

- (Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Manager: Jeffrey Rowe, 3203 N. McKinley Road, Flushing, Michigan 48433

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.)
Jeffrey Rowe

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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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.

1. The name of the Limited Liability Company is:

Envoy Health Management, 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:

Business Filings Incorporated

(Name)

515 E. Park Avenue

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

Tallahassee

32301

FL

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.

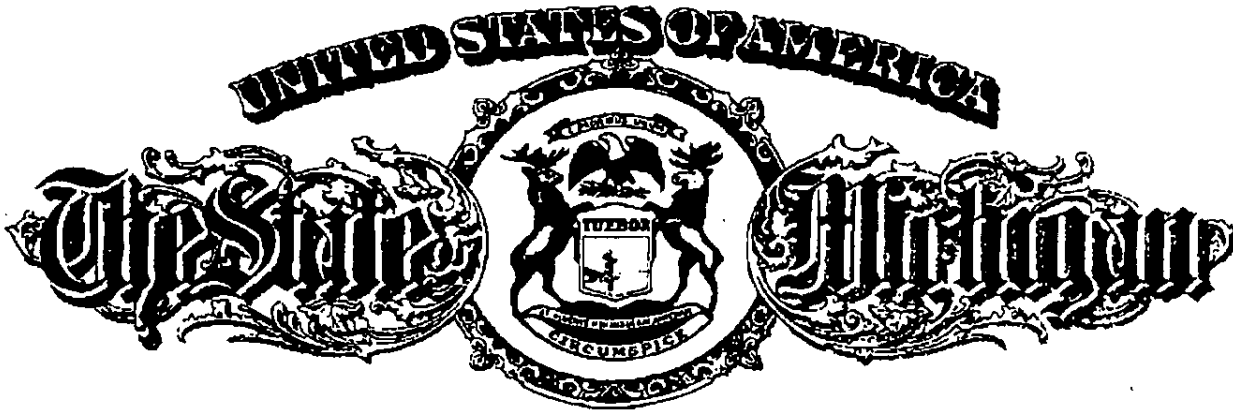
Mark Williams

(Signature)

Mark Williams, A.V.P., Business Filings Incorporated

S 100.00	Filing Fee for Application
S 25.00	Designation of Registered Agent
S 30.00	Certified Copy (optional)
S 5.00	Certificate of Status (optional)

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Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ENVOY HEALTH MANAGEMENT, LLC

was validly organized on May 16, 2011 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission
1285407

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 9th day of December, 2014*

Alan J. Schefke, Director
Corporations, Securities & Commercial Licensing Bureau