## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H150000433973)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CARTER VALIDUS

Account Number : I20140000038

Phone

: (813)287-0101

Fax Number

: (813)287-0397

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## Foreign Limited Liability Company HC-601 Redstone Avenue West, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

H150000433973

### 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 REGISTE.	RA
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS' IN THE STATE OF FLORIDA:	
1. HC-601 Redstone Avenue West, 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.")	
<sub>2</sub> Delaware	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	2
a upon filing	2015
4, upon ning	FEB
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
4890 W. Kennedy Blvd., Suite 650	19
T	
Tampa, FL 33609	ب
(Street Address of Principal Office)	
6. 4890 W. Kennedy Blvd., Suite 650	: · · · ·
Tampa, FL 33609	
(Mailing Address)	
7. The same title as a section and address of the many (a) who had draws such mitty to mean an information	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
John E. Carter, CEO, 4890 W. Kennedy Blvd., Suite 650, Tampa, FL 33609	
Lisa Drummond, COO & Sec., 4890 W. Kennedy Blvd., Suite 650, Tampa, FL 33609	
Todd Sakow, CFO, 4890 W. Kennedy Blvd., Suite 650, Tampa, FL 33609	
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 translate 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 am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 3.817.155, F.S.)  Lisa A. Drummond	or
Typed or printed name of signee	
r ypen or printed name or signee	

8132870397

02/19/2015 14:22

H150000433973

#### 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.

	ELimited Liability Co Edstone Aver	mpany is: nue West, LLC	
If unavailable, the	alternate to be used in	the state of Florida is:	7.4.
2. The name and t	he Florida street addre	ss of the registered agent and office are:	FEB 19
C	Sorporation S	ervice Company	
		(Namé)	
1	201 Hays St	reet	() () () () () () () () () () () () () (
~	Florida Street	Address (P.O. Box NOT ACCEPTABLE)	7.**
Τ:	allahassee	FL 32301	
-		City/Smtc/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.

Emily Gray Asst. Vice President

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

8132870397

H150000433973

# Delaware

PAGE :

PAGE 04/04

## The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HC-601 REDSTONE AVENUE WEST, ILC"

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 THIRD DAY OF FEBRUARY, A.D. 2015.

H150000433973

5686386 8300

150135461

You may verify this cortificate online at coxp. delaware.gov/authver.ehtml

Jeffrey W. Bullock, Secretary of State
AUTHENTY CATION: 2091165

DATE: 02-03-15