

MIS000002451

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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MIS-2451



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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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

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STATE
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TALLAHASSEE, FLORIDA

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Foreign Limited Liability Company
Columbia LaGrange Hospital, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

15 APR -2 PM 10: 00
SECRETARY OF STATE
FLORIDA
TALLAHASSEE, FLORIDA

SIREB-SIM

APR -3 2015
N. CAUSSEAUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Columbia LaGrange Hospital, 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:

Ceci Estill
Name of Person

c/o Columbia LaGrange Hospital, LLC
Firm/Company

One Park Plaza
Address

Nashville, TN 37203
City/State and Zip Code

stirley.scharf@hcahealthcare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ceci Estill at (615) 344-2994
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

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:

1. Columbia LaGrange Hospital, 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.")

2. Illinois 3. 61-1276162
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. One Park Plaza
Nashville, TN 37203
(Street Address of Principal Office)

6. PO Box 750
Nashville, TN 37202
(Mailing Address)

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

<u>Samuel N. Hazen</u>	<u>One Park Plaza, Nashville, TN 37203</u>	<u>Manager</u>
<u>Donald W. Stinnett</u>	<u>One Park Plaza, Nashville, TN 37203</u>	<u>Manager</u>
<u>John M. Franck II</u>	<u>One Park Plaza, Nashville, TN 37203</u>	<u>Manager</u>

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.)

John M. Franck II, authorized person

Typed or printed name of signee

15 APR - 2 PM 12:01
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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:

Columbia LaGrange Hospital, 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:

CT Corporation System

(Name)

1200 South Pine Island Road

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

Plantation

FL 33324

City/State/Zip

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15 APR -2 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

By: C T Corporation System

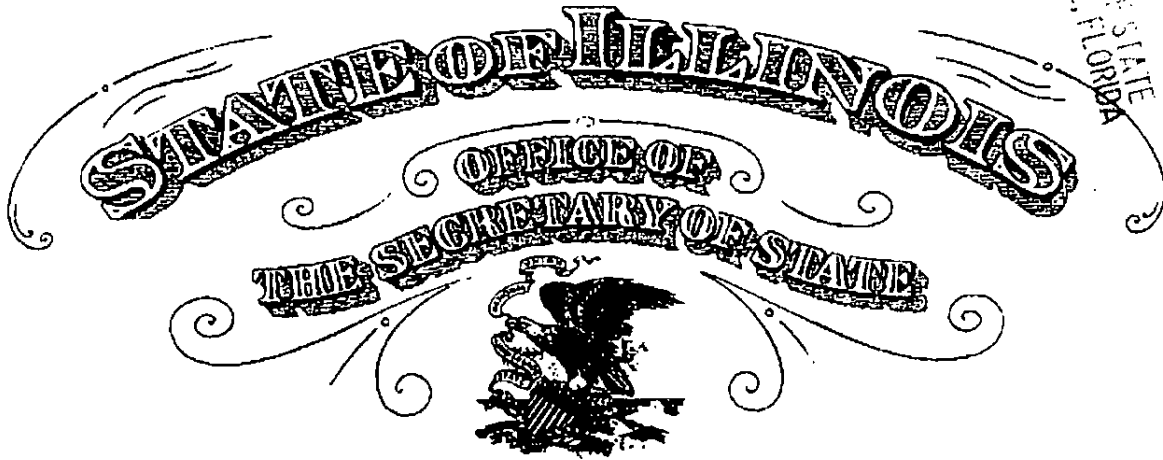


Nathan S. Giffin Asst. Secretary

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

File Number 0496566-3

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15 APR -2 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

COLUMBIA LAGRANGE HOSPITAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 18, 2014, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of APRIL A.D. 2015 .



Jesse White

Authentication #: 1509200618

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE