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PICK-UP	☐ WAIT	MAIL		
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Talinassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 566418 7986790

AUTHORIZATION

ORDER DATE: March 26, 2015

ORDER TIME : 9:19 AM

ORDER NO. : 566418-040

CUSTOMER NO: 7986790

FOREIGN FILINGS

NAME: HERITAGE HEALTHCARE, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heritage Healthcare, 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:

Benjamin Beeman	
Name of Person	
Heritage Healthcare, LLC	
Firm/Company	
536 Old Howell Road	
Address	
Greenville, SC 29615	
City/State and Zip Code	
ap@heritage-healthcare.com	

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Beeman

, 864

244-3626

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. Heritage Healthcare, LLC	
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of translability Company," "L.L.C," or "LLC.")	
₂ South Carolina _{3.}	56-2139377
(Jurisdiction under the law of which foreign limited liability company is organized) 4.	(FEI number, if applicable)
(Date first transacted business in F (See sections 605.0904 & 605.0905, I	lorida, if prior to registration.)
_{5.} 536 Old Howell Road	
Greenville, SC 29615	
	of Principal Office)
6. 536 Old Howell Road	
Greenville, SC 29615	
(Mailing	; Address)
7. The name, title or capacity and address of the person	n(s) who has/have authority to manage is/are:
Paul T. Shaw, President: 224 Kilgor	e Circle, Simpsonville, SC 29681
Albert E. Eads, III, Vice President & Secretary: 3	02 Hillsborough Drive, Greenville, SC 29615
Donald R. Tesner, Chief Financial Officer/ Treasurer: 5	3 Pleasant Valley Trail, Travelers Rest, SC 29690
must be submitted) Signature of an	
am aware that any false information submitted in a document to the Department of	of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signee

Donald R. Tesner

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.

Heritage Healtho	are, LLC				
		Heritage Healthcare, LLC			
If unavailable, t	he alternate to be used	in the state of Florida is:			
2. The name an	nd the Florida street add	lress of the registered agent and office are:			
	Corporation Service Cor	mpany			
		(Name)	•		
	1201 Hays Street				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		-		
	Tallahassee	FL 32301			
		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.

v. Sena () ena

Corporation Service Company

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

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

HERITAGE HEALTHCARE, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on May 4th, 1999, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 30th day of March, 2015.

Mark Hammond, Secretary of State