

5/28/2015

Division of Corporations

M1500004132

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

From:
Account Name : NORTHWEST REGISTERED AGENT LLC
Account Number : 120090000081
Phone : (509)768-2249
Fax Number : (855)330-1010

2015 MAY 26 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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15 MAY 26 AM 10:58
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**Foreign Limited Liability Company
ATLANTIC HEALTH PARTNERS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

MAY 27 2015

J. BRUCE

**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. **ATLANTIC HEALTH PARTNERS, 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. **DELAWARE**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **N/A**

(FEI number, if applicable)

4. **N/A**

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

5. **20183 STATE ROAD 7, SUITE 400, BOCA RATON, FL 33498**

(Street Address of Principal Office)

6. **20183 STATE ROAD 7, SUITE 400, BOCA RATON, FL 33498**

(Mailing Address)

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

JEFFREY WINOKUR, MANAGER, 20183 STATE ROAD 7, SUITE 400, BOCA RATON, FL 33498

ANDREW ZABACK, MANAGER, 20183 STATE ROAD 7, SUITE 400, BOCA RATON, FL 33498

LARRY KRIES, MANAGER, 20183 STATE ROAD 7, SUITE 400, BOCA RATON, FL 33498

RICHARD STEELE, MANAGER, 20183 STATE ROAD 7, SUITE 400, BOCA RATON, FL 33498

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.)

TOM GLOVER

Typed or printed name of signer

2015 MAY 26 PM 12:21
CLERK OF STATE
TALLAHASSEE FLORIDA

FILED

**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:

ATLANTIC HEALTH PARTNERS, 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:

Northwest Registered Agent LLC

(Name)

3030 N. Rocky Point Dr, Ste 150A

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

Tampa

FL 33607

City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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.



(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 "ATLANTIC HEALTH PARTNERS, 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 TWENTY-SECOND DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATLANTIC HEALTH PARTNERS, LLC" WAS FORMED ON THE SEVENTH DAY OF DECEMBER, A.D. 2007.

4470138 8300

150740492



AUTHENTICATION: 2401649

DATE: 05-22-15

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