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ELAHESSEE, FLORIDA

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### COVER LETTER

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	egistration Section ivision of Corporation	s				<i>.</i> .
CUDIECT	BURLINGTON ME	DICAL LLC				
SUBJECT	•	Name of L	imited Liability (	Company		
The enclose Existence,	ed "Application by Fore and check are submitted	eign Limited Liability Compa I to register the above refere	any for Authoriza nced foreign limit	tion to Tra ted liability	nsact Business in Florida," ( company to transact busine	Certificate of ess in Florida
Please retu	rn all correspondence co	oncerning this matter to the f	following:			
	LISA BRADLE	SY .				
		Na	me of Person			
	BURLINGTON	MEDICAL LLC				
		Fir	m/Company			
	3 ELMHURST	ST				
			Address			
	NEWPORT NE	WS, VA 23603				
		City/St	ate and Zip Code			
	LISA.BRADLEY	@BURMED.COM				
		E-mail address: (to be used	for future annual	report not	ification)	
For further	information concerning	g this matter, please call:				
L	ISA BRADLEY		757 at (	968-58	56	
_	Name o	f Contact Person	Area Code	Day	time Telephone Number	
D R P.	ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	s a check for the followi I \$125.00 Filing Fee	ing amount:  \$\Bigsize \text{\$\Sigma}\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Ce 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 RUSINESS. IN THE STATE OF ELORIDA:

(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpos	se of transacting busine	ess in Florida. The alternate na	ime must inc	clud <del>e</del> "Li	mited
2. VIRGINIA	,	<sub>3</sub> 47-3716189				
(Jurisdiction under the law company is organized)	of which foreign limited liability	3,	(FEI number, if applicable	e)		_
4. 05/01/2015						
	(Date first transacted busine (See sections 605.0904 & 605	ess in Florida, if prior t	o registration.)	_		
5. 3 ELMHURST ST	(See sections 505.5704 & 605	.0005, 1.a. to determin	c penany naomity	<del></del>		
NEWPORT NEWS, V	A 23603					
	(Street Address of I	Principal Office)				
6. 3 ELMHURST ST	<u>.</u>			_		
NEWPORT NEWS, V	A 23603			程	~3	
	(Mailing /	Address)		- 58	CALA	
7. Name and street addres	s of Florida registered agent: (P.	O. Box NOT accep	table)	200	<u>ت</u>	
Name:	CAPITOL CORPORATE SER				[ ]	41 Company
Office Address:	155 OFFICE PLAZA DR STE	<u>A</u>		H (1)	ס ס	
	TALLAHASSEE		20201	v	•	
	TALLATIAGGEL		, Florida 32301	375		
Registered agent's accept	(City)		(Zip code)	RIDA		1
Having been named as reg this application, I hereby	(City)  Ennce: gistered agent and to accept serv accept the appointment as regist tatutes relative to the proper and tion as registered agent.	tered agent and agre d complete performa 1	(Zip code)  The above stated corporation to act in this capacity. If ance of my duties, and I are	at the pla further ag	ree to c	omply
Having been named as rethis application, I hereby with the provisions of all still obligations of my positive obligations of my	(City)  fance: gistered agent and to accept serve accept the appointment as regist tatutes relative to the proper and the as registered agent.  [Registered]	dered agent and agreed complete performa	(Zip code)  (Zip code)  The above stated corporation to act in this capacity. If ance of my duties, and I are	at the pla further ag	ree to c	omply
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Having been named as retthis application, I hereby with the provisions of all sthe obligations of my positive obligations of my positive of the name, title or capa JOHN WILLIAMS, CHIE	(City)  fance:  glstered agent and to accept serve accept the appointment as regist total test as registered agent.  (Registered and address of the person(s))  FEXECUTIVE OFFICER 3 EDINGS INC. OWNER 500 WO	dered agent and agreed complete performation of the complete performance of the co	(Zip code)  The above stated corporation is a continuous continuous capacity. If ance of my duties, and I are continuous continuous continuous capacity to manage is/are:  WPORT NEWS, VA 2360	at the pla further ag in familiar	ree to c	omply

Typed or printed name of signee

LISA BRADLEY

## Commonwalth of Hinginian



### State Corporation Commission

#### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That Burlington Medical, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is April 3, 2015; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: June 15, 2015

Joel H. Peck, Clerk of the Commission

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