7/22/2015 11:42:48 AM From: To: 8506176383(1/5) **Division of Corporations** Page 1 of 1 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. (((H15000177905 3))) H150001779053ABC2 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 2015

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 : (850)205-8842 Phone Fax Number : (850)878-5368

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

Email Address:

Foreign Limited Liability Company operties, LLC

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Certificate of Status	0
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7/22/2015 11:42:48 AM From: To: 8506176383(2/5)

COVER LETTER

TOr **Registration Section Division of Corporations**

Forest Hill Modical Properties, LLC SUBJECT

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:

Greg Blackburn

Name of Penton

CT Corporation System

Firm/Company

116 Pine Street, 3rd Floor, Suite 320

Address

Harrisburg, PA, 17101

City/State and Zip Code

holly.groth@uhsinc.com E-mail address; (to be used for future annual report notification)

er information concerning this matte	eddress: (to be used for future annual report notification)	
er mennen verkenning mit mare	at higher Ania.	
Holly Groth	at (610) 382-4328	
Name of Contact Pe		
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
Registration Section	Registration Section	
P.O. Box 6327	Clifton Bullding	
Taliahassee, FL 32314	266) Executive Center Circle	
•	Tallahassee, FL 32301	

Enclosed is a check for the following amount: CI \$130.00 Filing Fee & 8 \$125.00 Filling Pee Certificate of Status

🖾 \$155.00 Filing Fee & Centified Copy

S160.00 Filing Fee, Certificate of Status & Certified Copy

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7/22/2015 11:42:48 AM From: To: 8506176383(3/5)

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. Forest Hill Medical Properties, 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	3. N/A
(Jurisdiction under the law of which foreign limited liability	(FEI number, if applicable)
company is organized)	

August 18, 2015 4.

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

1200 South Pine Island Road **5**.

Plantation, FL, 33324

(Street Address of Principal Office)	<u>cn</u>	2	
6. 1200 South Pine Island Road	<u></u>	27	•
Plantation, FL, 33324	m		1
(Mailing Address)		22	1
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/dre	8	σ	1
Everglades Holdings, LLC Mcmber		N.	
1209 Orange Street	<u>m</u>	90	

Wilmington, DE, 19801

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)

(In accordance with section 605.0203, F.S., the excession of this document constitutes an ultimation under the peneities 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 falony as provided for in s.817.155, P.S.) (In accordance with section 605.0203, F.S., the exect

Holly Groth, Authorized Person

Typed or printed name of signee

7/22/2015 11:42:48 AM From: To: 8506176383(4/5)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 of 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:

Forest Hill Medical Properties, 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:

C T Corporation System		SEC:
	(Namo)	
1200 South Pine Island I	Road	L 22 ASSE
Floride Street Address (P.O. Box NOT ACCEPTABLE)		
Plantation	FL 33324	2: OL STATE
· · · · · · · · · · · · · · · · · · ·	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, 1 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.

VickiAnn Owans C T Corro Special Assistant Secretary gnature)

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

7/22/2015 11:42:48 AM From: To: 8506176383(5/5)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FOREST HILL MEDICAL PROPERTIES, 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 JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



of State W. Bulk ieffner AUTHENT TION: 257 τC

DATE: 07-22-15

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151078295 You may verify this cortificate online at corp.delaware.gov/authver.shtml