

M15000005879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

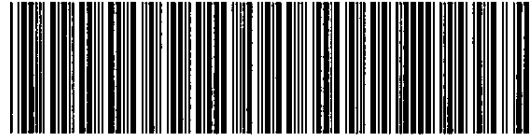
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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06/26/15--01028--024 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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15 JUL 24 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 27 2015
J. HARRIS

Quabba

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Eon Health Plan, 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:

Steven King
Name of Person
New Horizons Holdings, LLC
Firm/Company
3640 Enterprise Way
Address
Miramar, FL 33025
City/State and Zip Code
SKing@LiveWellHoldings.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven King 305 455-3862
Name of Contact Person at () 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

EON HEALTH PLAN, LLC

Friday, May 22, 2015

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Sent Via USPS Delivery- Tracking Info: EF110836144US

In Re: Eon Health Plan, LLC
FEIN: 47-4309131

Please find enclosed the completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, along with all the required supporting documents.

Should you require any further action or information from this end, please let me know as we make our best efforts to comply with the requirements mandated by the state.

Respectfully,



Katherine Hardial
Medical Records Supervisor
KHardial@AAM.US
DIRECT: 305-438-9696 Ext 2363
Facsimile: 954-436-4263



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 30, 2015

STEVEN KING
NEW HORIZONS HOLDINGS, LLC
3640 ENTERPRISE WAY
MIRAMAR, FL 33025

SUBJECT: EON HEALTH PLAN, LLC
Ref. Number: W15000044490

FILED
15 JUL 24 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for EON HEALTH PLAN, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. You may wish to revise your document to include the name, address, and title of such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 115A00013646

**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. Eon Health Plan, 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. 47-4309131
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 3640 Enterprise Way, Miramar, FL 33025

(Street Address of Principal Office)

6. 3640 Enterprise Way, Miramar, FL 33025

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Steven King
Office Address: 3640 Enterprise Way
Miramar, Florida 33025
(City) (Zip code)

FILED
15 JUL 24 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Steven King
(Registered agent's signature)

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

Steven King, Corporate Compliance Officer

3640 Enterprise Way

Miramar, FL 33025

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Steven King
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.)

Steven King

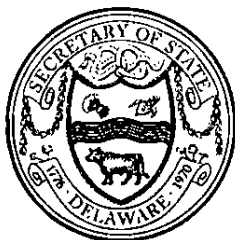
Typed or printed name of signer

Delaware

PAGE 1

The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EON HEALTH PLAN, 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 THIRTEENTH DAY OF JULY, A.D. 2015.



5752252 8300

151014993

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2547911

DATE: 07-13-15