

MIS 000 005971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

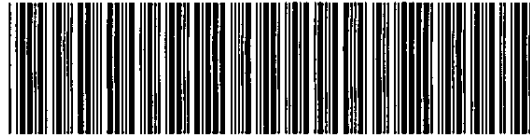
(Document Number)

Certified Copies \_\_\_\_\_

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15 JUL 28 AM 7:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUL 30 2015

J SHIVERS

(4)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 29, 2015

STEVEN KING  
3640 ENTERPRISE WAY  
MIRAMAR, FL 33025

SUBJECT: CIRRUS SOLUTIONS, LLC  
Ref. Number: W15000044320

We have received your document for CIRRUS SOLUTIONS, 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.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 615A00013577

# CIRRUS SOLUTIONS, LLC

Friday, May 22, 2015

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

Sent Via USPS Delivery- Tracking Info:

EF110836158US

In Re: Cirrus Solutions, LLC  
FEIN: 47-4320188

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

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CIRRUS SOLUTIONS, 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 at ( 305 ) 455-3862  
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:

CIRRUS SOLUTIONS, 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.")

DELAWARE

3 47-4320188

(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)

3640 ENTERPRISE WAY, MIRAMAR, FL 33025

(Street Address of Principal Office)

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

(City)

Florida 33025

(Zip code)

**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.

(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)

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Typed or printed name of signee

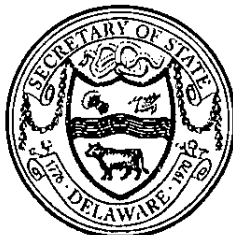
# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIRRUS SOLUTIONS, 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.

FILED  
15 JUL 28 AM 7:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



5751658 8300

151014991

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2547906

DATE: 07-13-15