Division of Corporations Electronic Filing Cover Sheet

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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : C T CORPORATION SYSTEM

Account Number : FCA0C0000023 : (850)205-8842 Fax Number : (850)878-5368

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

Email Address:

Foreign Limited Liability Company Elderscript Services, LLC

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\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 102015

COVER LETTER

DBJECT:	Elderscript Services, LLC		
		Name of Limited Liability Company	
he enclosed kistence, an	"Application by Foreign Li d check are submitted to rep	mited Liability Company for Authorization to Transact Business ister the above referenced foreign limited liability company to tra	in Florida," Certificate unsact business in Florid
easo return	all correspondence concern	ng this matter to the following:	
	Mary Ward		,
		Name of Person	
	Bradley Arant Boult Cu	nmings LLP	•
	,	Pirm/Company	
	1600 Division Street, Su	ite 700 .	
		Address	
•	Nashville, TN- 37203	·	
		City/State and Zip Code	
	gadamson@vanguardhc.c		
		address: (to be used for future annual report notification)	
further info	ermation concerning this ma	ter, please call:	
Mary	Ward	at (615) 252-J552	
	· Name of Contact	Person Area Code Daytime Telephone No	ımber .
	ING ADDRESS:	STREET ADDRESS:	
	on of Corporations	Division of Corporations	
	ration Section ox 6327	Registration Section Clifton Building	
	nssee, FL 32314	2661 Executive Center Circle	

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:

[] Biderscript Services, 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 Plorida. The altern Liability Company," "L.L.C," or "LLC,")	ats name must include "Limited
2. Tennessee (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if a	pplicable)
4.	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605,0905, F.S. to determine penalty liability)	7015 FAL
5. Six Cadillac Drive, Sulte 310	
Brentwood, TN 37027	HASH
(Street Address of Principal Office)	E E
6. Six Cadillac Drive, Suite 310	万里 至
Brentwood, TN 37027	STATE 8: 49
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to	manage is/are:
William D. Orand, President, Six Cadillac Drive, Suite 310, Brentwood, TN 37027	•
William D. Orand, President, 31x Cadmae Drive, State 310, Breatwood, 114 37027	
	
8. Attached is an original certificate of existence, no more than 90 days old, duly authorized	enticated 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 und must be submitted)	ler oath of the translator
Molran	
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 performance that any false information submitted in a document to the Department of State constitutes at third degree felony as prov	ary that the facts stated herein are true. I rided for in s.817,155, F.S.)
William D. Orand	
Typed or printed name of signee	

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.

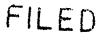
Elderscript Services, LLC		
If unavailable, the alternate	to be used in the state of Florida is:	ALLA SECTO
2. The name and the Florida	street address of the registered agent and office are:	AHASSE
C T Corporati	on System	mer mer
•	(Name)	Gg.
1200 South Pi	ne Island Road	Ę
- 	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation	FJ_33324	
	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, 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.

By: Nathen S. Giffin Asst. Secretary

(Signature)

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





STATE OF TENNESSEE 2015 AUG -7 AM 8: Fre Hargett, Secretary of State

SECRETARY OF STATE Division of Business Services FALLAHASSEE, FLORIDA William R. Snodgress Tower 312 Rosa L. Parks AVE, 6th FL

Nashville, TN 37243-1102

BRADLEY ARANT BOULT CUMMINGS LLP

STE 700

1800 DIVISION ST

NASHVILLE, TN 37203-2771

Request Type: No Fee Certificate of Existence/Authorization

Request #:

0169166

Issuance Date: 07/14/2015

Copies Requested:

Document Receipt

Receipt#: 002147948

Filing Fee:

\$0.00

July 14, 2015

Regarding:

Status:

ELDERSCRIPT SERVICES, LLC

Filing Type: Limited Liability Company - Domestic Formation/Qualification Date: 02/24/2006

Active

Duration Term:

Expires: 02/24/2046

Business County: WILLIAMSON COUNTY

Control#:

514268

Date Formed:

02/24/2006 Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

ELDERSCRIPT SERVICES, LLC

- is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above:
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

fication #: 012791424

Processed By: Sheila Keeling