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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (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.\*\***

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Foreign Limited Liability Company  
BH Solutions, LLC

Certificate of Status	0
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8/25/2015 3:05:18 PM From: To: 8506176383( 2/5 )

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BH 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:

Susan Barker, c/o Dentons US LLP

\_\_\_\_\_  
Name of Person

Dentons US LLP

\_\_\_\_\_  
Firm/Company

4520 Main Street, Suite 1100

\_\_\_\_\_  
Address

Kansas City, MO 64111

\_\_\_\_\_  
City/State and Zip Code

susan.barker@Dentons.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Barker, c/o Dentons US LLP

816

460-2608

\_\_\_\_\_  
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

**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. BH Solutions, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Bolder Healthcare Solutions, 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. 45-5229242  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 9200 Shelbyville Road, Suite 210  
Louisville, KY 40222  
(Street Address of Principal Office)

6. 9200 Shelbyville Road, Suite 210  
Louisville, KY 40222  
(Mailing Address)

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

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (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.*

By: Katherine Lackey C T Corporation System  
(Registered agent's signature)  
**Katherine Lackey - Asst. Secretary**

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

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]  
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.

Steven L. Rist, Secretary  
Typed or printed name of signer

15 AUG 25 AM 10:25  
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FLORIDA DEPARTMENT OF STATE

**FLORIDA FOREIGN LLC APPLICATION TO TRANSACT BUSINESS**

**For**

**BH Solutions, LLC**

8. Name, title and address of persons who have authority to manage are:

Name	Title	Address
David W. Zalaznick	Manager	9 West 57th Street, 33rd Floor New York, NY 10019
Michael A. Shea	Manager/Chief Executive Officer/President	9200 Shelbyville Road, Suite 210 Louisville, KY 40222
James A. Gordon	Manager/Vice President	900 N. Michigan Avenue, Suite 1800 Chicago, IL 60611
David M. Tolmie	Manager/Vice President	900 N. Michigan Avenue, Suite 1800 Chicago, IL 60611
Scott C. Brown	Manager	900 N. Michigan Avenue, Suite 1800 Chicago, IL 60611
Gordon L. Nelson, Jr.	Manager/Vice President/Assistant Secretary	27 Main Street, 2nd Floor Concord, MA 01742
Todd J. Lancioni	Manager	875 N. Michigan Avenue, Suite 4040 Chicago, IL 60611
Frank W. Stellato	Chief Financial Officer	9200 Shelbyville Road, Suite 210 Louisville, KY 40222
Steven L. Rist	Secretary	4520 Main Street, Suite 1100 Kansas City, MO 64111

# Delaware

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*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BH 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 TWENTY-FIFTH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5150937 8300

151213124

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: 2674160

DATE: 08-25-15