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.

(((H15000239459 3)))



H150002394593ABC5

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

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501

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

Behavioral Health Management Solutions LLC

Certificate of Status	0 2
Certified Copy	0 >
Page Count	04 &
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

H150002394593

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

TRANSACT BUSINESS IN FLORIDA IN COMPLIANCE WITH SECTION 6030902. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Behavioral Health Management Solutions LLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name imparilable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consem of the managers or managing members adopting the ulternate name. The alternate name must include "Limited Liability Company," "L.L.C." "LLC.") Virginia (FEI number, if applicable) (Junediction under the law of which foreign limited hability company is organized) Upon Filing (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 11303 Walnut Creek Ct, Oakton, Virginia 22124 (Street Address of Principal Office) 11303 Walnut Creek Ct, Oakton, Virginia 22124 (Mailing Address) 7. The name, fitle or capacity and address of the person(s) who has have authority to manage is are: Member: Ian Shaffer, 11303 Walnut Creek Court, Oakton, Virginia 22124 8. Attached is an original certificate of existence, no more than 90 days old, duly anthemicated by the official having custody of records in the junisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a unuslation of the certificate under control the translator must be salumined.) Signature of an authorized person (In proordance with section 603,0203, F.S., the execution of this document constitutes at uffirmation under the penalties of perjuny that the facts stated herein me true. I but aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in \$.\$17.155, F.S.) Typed or printed name of signee

909

OCT-07-2016 08:25

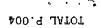
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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.

1. The name	of the Limited Liability (Company is:	
Behavioral Health Management Solutions LLC			
If unavailable	, the alternate to be used	in the state of Florida is:	
2. The name	and the Florida street add	hess of the registered agent and office are:	
	lan Shaffer		
		(Name)	
	3831 Mossy Oak Dr		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)		
	Fort Myers	33905 FL	
		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.

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



Common brealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Behavioral Health Management Solutions LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is December 21, 2011; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: October 6, 2015

Joel H. Peck, Clerk of the Commission

CISECOM

Desument Control Number: 454

Document Control Number: 1510065574

608 827 5501 P.004/004