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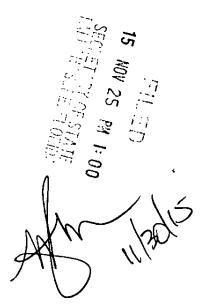


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			,	Jame of Person			
		Akerman LLP					
	Firm/Company						
		9128 Strada Pl	ace, Suite 10205		•		
				Address			
		Naples, Florida	a 34108				
		 	City/S	State and Zip Code	i		
		jonathan.gopma	n@akerman.com				
			E-mail address: (to be use	d for future annua	report no	tification)	
For furthe	er inf	ormation concerning	g this matter, please call:				
	Jona	than Gopman		239 at (449-56	600	
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		check for the follow 25.00 Filing Fee	ing amount: [] \$130.00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LL.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," "LL.C.," or "LLC.") Neveda (Ourisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 603.0004 & 603.0003, F.S. to determine penalty liability) 5. 1002 East Newport Center Drive, Suite 200 Deerfield Beach, Florida 33442 (Street Address of Frincipal Office) (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: NRAI Services, Inc. Office Address: 1200 South Pine Island Road Plantation Florida 133324 (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above streed limited liability company at the place of complying the provisions of jal studies relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position of registered agent agent agent agent agent agent of complying the provisions of jal studies relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position of registered agent Registered agent agent Registered agent Registered agent Registered agent Registered Regi	COM ANY TO THE POST DE	SOUVESS IN THE STATE OF TEORETA,			
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SECRETARY OF STATE





CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, ABS HEALTHCARE SERVICES, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 20, 2015, and is in good standing in this state.

THE STATE OF THE S

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 24, 2015.

BARBARA K. CEGAVSKE Secretary of State

Electronic Certificate
Certificate Number: C20151124-1560
You may verify this electronic certificate
online at http://www.nvsos.gov/