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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****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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TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
Bernard Health LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Bernard Health, 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.")

2. Tennessee
(Jurisdiction under the law of which foreign limited liability
company is organized)

3. n/a
(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. 2817 West End Ave., Ste. 126-281, Nashville, TN 37203
(Street Address of Principal Office)

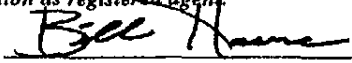
6. 2817 West End Ave., Ste. 126-281, Nashville, TN 37203
(Mailing Address)

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

Name: REGISTERED AGENTS INC.
Office Address: 3030 N. Rocky Point Drive, STE 150A
TAMPA, Florida 33607
(City) (Zip code)

Registered agent's acceptance:

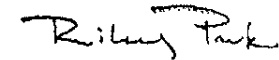
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in
this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply
with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
the obligations of my position as registered agent.

 Bill Havre/Assistant Secretary/Registered Agents Inc
(Registered agent's signature)

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 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.

Riley Park
Typed or printed name of signer

Name	Title	Address
George Alex Tolbert	Member	2817 West End Ave., Ste. 126-281, Nashville, TN 37203
Brian Tolbert	Member	2817 West End Ave., Ste. 126-281, Nashville, TN 37203
McVie Associates, LLC	Member	2817 West End Ave., Ste. 126-281, Nashville, TN 37203
William Elder	Member	2817 West End Ave., Ste. 126-281, Nashville, TN 37203
Nancy Elder	Member	2817 West End Ave., Ste. 126-281, Nashville, TN 37203
Kevin McNamara	Member	2817 West End Ave., Ste. 126-281, Nashville, TN 37203
Elizabeth Johnson	Member	2817 West End Ave., Ste. 126-281, Nashville, TN 37203

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TALLAHASSEE, FLORIDA



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

REGISTERED AGENTS INC
REGISTERED AGENTS INC
170 S LINCOLN, STE 150
SPOKANE, WA 99201

December 14, 2015

Request Type: Certificate of Existence/Authorization
Request #: 0187763

Issuance Date: 12/14/2015
Copies Requested: 1

Document Receipt

Receipt #: 002345355

Filing Fee: \$22.25

Payment-Credit Card - State Payment Center - CC #: 166301547

\$22.25

Regarding: Bernard Health, LLC

Filing Type: Limited Liability Company - Domestic

Formation/Qualification Date: 11/18/2009

Status: Active

Duration Term: Perpetual

Business County: DAVIDSON COUNTY

Control #: 617922

Date Formed: 11/18/2009

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

Bernard Health, 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.

Tre Hargett
Secretary of State

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