1/16000000253

(Req	uestor's Name)				
(Address)					
(Add	ress)				
(City	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bus	iness Entity Nai	me)			
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



000280757860

SUFFICENCY OF FILM

SIGHE LINES

2016 JAH II AM ID: 5

K.SALY Examiner JAN 1°2 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 946229 109186B

AUTHORIZATION (

COST LIMIT : \$ 125.00

ORDER DATE : January 7, 2016

ORDER TIME : 10:26 AM

ORDER NO. : 946229-030

CUSTOMER NO: 109186B

FOREIGN FILINGS

NAME: HIM CENTRAL SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

COVER LETTER

Div	ision of Corporatio	ns						
SUBJECT:	HIM Central Services, LLC							
		Name of Limited Liability Company						
The enclosed Existence, an	d "Application by Fond check are submitted	reign Limited Liability Comp ed to register the above refere	eany for Authoriza enced foreign limi	ition to Tra ted liability	insact Business in Florida," Certificate o company to transact business in Florida			
Please return	all correspondence	concerning this matter to the	following:					
	Mary Ward							
		Name of Person						
	Bradley Arant Boult Cummings LLP							
	Firm/Company							
	1600 Division Street, Suite 700							
			Address					
	Nashville, TN 37203							
		City/St	ate and Zip Code					
	angela.smith@c	seglobal.com						
		E-mail address: (to be used	for future annual	report not	ification)			
For further is	nformation concernin	g this matter, please call:						
Mary ward		615 252-3552 at (52				
	Name o	of Contact Person	Area Code	Day	time 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		of Corporations on Section uilding cutive Center Circle				
	check for the follow		F1 61 66 66 70"	- T ^				
Li \$	125,00 Fifing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig ree &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy			

TO:

Registration Section

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:

HIM Central Services, I	LLC		
(Name of Fore	ign Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter alt Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacti	ng business in Florida. The atternate nam	ne must include "Limited
2. Delaware		0889946	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. 01/11/2016			_
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. to	, if prior to registration.) determine penalty liability)	
5. 4000 Meridian Blvd.			72
Franklin, TN 37067			2016 JAN 11
	(Street Address of Principal Off	ice)	
6. 4000 Meridian Blvd.			111 1 1 1 1
Franklin, TN 37067			等 · · · · · · · · · · · · · · · · · · ·
Platikiii, 114 37007	(Mailing Address)		- Eg =
	,		三 三
7. Name and street addres	s of Florida registered agent: (P.O. Box <u>No</u>	<u>JT</u> acceptable)	
Name:	Corporation Scrvice Company		
Office Address:	1201 Hays Street		
	Tallahassee	, Florida 32301	_
	(City)	(Zip code)	
designated in this applicate to complywith the provision	gistered agent and to accept service of proc tion, I hereby accept the appointment as re ons of all statutes relative to the proper and my position as registered agent.	gistered agent and agree to act in th	is capacity. I further agree
	By: VUCALLE VO	uno	
	(Registered agent's	signature)	
8. The name, title or capa	ncity and address of the person(s) who has/h	ave authority to manage is/are:	
Martin G. Schweinhart, M	lanager, 4000 Meridian Blvd., Franklin, TN	37067	
W. Larry Cash, Manager,	4000 Meridian Blvd., Franklin, TN 37067		
Rachel A. Seifert, Manage	er, 4000 Meridian Blvd., Franklin, TN 3700	57	<u></u>
9. Attached is a certificate jurisdiction under the law of the translator must be st	leve lin sur	in a foreign language, a translation o	custody of records in the f the certificate under oath
	Signature of an autho	rized person	
This document is executed submitted in a document to	d in accordance with section 605.0203 (1) (be the Department of State constitutes a third), Florida Statutes. I am aware that an degree felony as provided for in s.817	y false information 7.155, F.S.
	Rachel A. Seifert	,	_
	Typed or printed name	of signee	

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HIM CENTRAL SERVICES, 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 SEVENTH DAY OF JANUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HIM CENTRAL SERVICES, LLC" WAS FORMED ON THE THIRD DAY OF DECEMBER, A.D. 2015.

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

2016 JAN 11 AM 10: 50

Authentication: 201637027

Date: 01-07-16

5897396 8300 SR# 20160107516

You may verify this certificate online at corp.delaware.gov/authver.shtml