

Division of Corporations

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To:

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

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
 Account Number : 075500004387
 Phone : (813) 229-7600
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cbanatte@slk-law.com

Foreign Limited Liability Company
TRIFLEX CARE, LLC

Certificate of Status	0
Certified Copy	0
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TALLAHASSEE, FLORIDA

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**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. TRIFLEX CARE, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware

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

3. 47-2312756

(FBI number, if applicable)

4. _____

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

5. 4175 SW 64TH AVENUE, SUITE 230DAVIE, FLORIDA 33314

(Street Address of Principal Office)

6. 4175 SW 64TH AVENUE, SUITE 230DAVIE, FLORIDA 33314

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: CT Corporation SystemOffice Address: 1200 South Pine Island RoadPlantation

(City)

Florida 33324

(Zip code)

Registered agent's acceptance:

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 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.

(Registered agent's signature)

Angel Nunez**Assistant Secretary**

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

(1) Dennis R. Smith, Manager, 4175 SW 64th Avenue, Suite 230, Davie, FL 33314(2) Brad C. Roush, Manager, 4175 SW 64th Avenue, Suite 230, Davie, FL 33314

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.

Brad C. Roush, as Vice President and Secretary of Sole Member

Typed or printed name of signee

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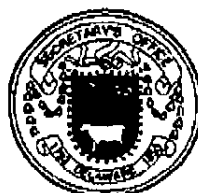
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRIFLEX CARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRIFLEX CARE, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2014.

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

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Jeffrey W. Bullock, Secretary of State

Authentication: 202118224

Date: 04-08-16