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APR 18 2016 N. CAUSSEAUX . . . . . .

TO:

#### **COVER LETTER**

	Division of Corporations	
BJE	Affordable Care, LLC	
	Name of Limited Liability Company	
	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Cert ce, and check are submitted to register the above referenced foreign limited liability company to transact business in	
as¢ i	eturn all correspondence concerning this matter to the following:	
	Sonia Surasky	
	Name of Person	
	Affordable Care, LLC	
	Firm/Company	
	5430 Wade Park Blvd., Suite 310	
	Address	
	Raleigh, NC 27607	
	City/State and Zip Code	
	sonia.surasky@afforablecare.com	
	E-mail address: (to be used for future annual report notification)	
r furt	her information concerning this matter, please call:	
	Sonia Surasky 252 520-2213	
	Name of Contact Person Area Code Daytime 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	
nelose	d is a check for the following amount:	
i-trop(	□ \$125.00 Filing Fee ■ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certifi	icate

#### Causseaux, Nanette

From:

Sonia Surasky <Sonia.Surasky@affordablecare.com>

Sent:

Monday, April 18, 2016 1:25 PM

To:

Causseaux, Nanette

Subject:

RE: AFFORDABLE CARE LLC

Nannette:

Thank you so much for your help.

Affordable Care, LLC is member-managed by:

Affordable Care Intermediate Holdings, LLC 1400 Industrial Drive Kinston, NC 28504

Thank you again!

Sonia Surasky
Paralegal
Affordable Care, LLC
5430 Wade Park Blvd., Suite 310
Raleigh, NC 27607
Sonia.Surasky@affordablecare.com
252-520-2213 (Direct Line)
252-208-2963 (Direct Fax)

From: Causseaux, Nanette [mailto:Nanette.Causseaux@DOS.MyFlorida.com]

Sent: Monday, April 18, 2016 1:24 PM

AND THE PROPERTY AS NOT AND ADDRESS OF THE PROPERTY OF THE PRO

To: Sonia Surasky

Subject: RE: AFFORDABLE CARE LLC

Importance: High

I need one more thing, who is the member/manager of the LLC? I need their name/address. Once I get that I can file everything in for you. I apologize for not catching this earlier! Thanks Nanette

From: Sonia Surasky [mailto:Sonia.Surasky@affordablecare.com]

Sent: Monday, April 18, 2016 12:10 PM

To: Causseaux, Nanette

Subject: RE: AFFORDABLE CARE LLC

Good afternoon Nanette:

Attached is a copy of the certificate of existence for Affordable Care, LLC

Thank you!

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

Affordable Care, LLC	SINESS IN THE STATE OF FLORIDA:		
	ign Limited Liability Company; must include "L	imited Liability Company," "L.L.C.," or "LLC.")	
Liability Company," "L.L.C,"	ternate name adopted for the purpose of transact 'or "LLC.")	ing business in Florida. The alternate name must in	nclude 'Limited
2 North Carolina		1505559	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4. October 22, 2015			
	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.S. 1	, if prior to registration.) o determine penalty liability)	
1400 Industrial Drive		• • •	× -
···			= = = 1
Kinston, NC 28504	/A		- 24公 <b>3</b> 4 し
DODay 1042 Vinden	(Street Address of Principal Of	·	
6. PO Box 1042, Kinston,	NC 26303		16 mars 16 PH 2:8
	·		
	(Maling Address)		<u>تَ</u> قَ قَ عَ
7 Name and street address	is of Florida registered agent: (P.O. Box N	OT accentable)	25
7. Maile and speet souls	NRAI Services, Inc.	<u>O 1</u> acospiano)	<b>6</b> 53
Name:	IVANI SELVICES, IIIC.	<del></del>	-
Office Address:	1200 South Pine Island Road		
	Plantation	, Fiorida	
	(City)	(Zip code)	
designated in this applica to complywith the provisi	gistered agent and to accept service of pro tion, I hereby accept the appointment as re ons of all statutes relative to the proper an my position as registered agent, NRAI Sorvices, Inc.	cess for the above stated limited liability con egistered agent and agree to act in this capu d complete performance of my duties, and I	ity. I further agree
	By: (Registered agent'	a directional	
	Natalie Leiba-Paul - Special Assi	stant Secretary	
8. The name, title or cap	acity and address of the person(s) who has/i	ave authority to manage is/are:	
Member-managed Af	ffordable Care Intermediate Ho	ldings IIC	<u></u>
14	100 Industrial Drive		
	nston, NC 28504		
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized. (If the certificate i	ly authenticated by the official having custody s in a foreign language, a translation of the cer	of records in the nificate under oath
	Signature of an auth	prized gerson	<b></b>
	··· <b>-</b>		
This document is executed submitted in a document to	d in accordance with section 605,0203 (1) ( to the Department of State constitutes a third	o), Florida Statutes. I am aware that any false i degree felony as provided for in s.817.155, F	nformation .S.
	Randal G. Ammons		
	Typed or printed near	e of signee	



# NORTH CAROLINA Department of the Secretary of State

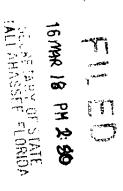
## CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

### AFFORDABLE CARE, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 22nd day of October, 2015, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.







Scan to verify online.

**Secretary of State** 

Elaine I. Marshall

my hand and affixed my official seal at the City of Raleigh, this 5th day of April, 2016.

IN WITNESS WHEREOF, I have hereunto set

Certification# 98398390-1 Reference# 13060078- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification