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16 MAY 13 AM 11: 07

MAY 1 6 20!3 1). BRUCE CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 141244 7182683

AUTHORIZATION : Smill Con

COST LIMIT : \$/125.00

ORDER DATE: May 13, 2016

ORDER TIME : 10:27 AM

ORDER NO. : 141244-010

CUSTOMER NO: 7182683

FOREIGN FILINGS

NAME: FGTB HOLDINGS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

2	ivision of Corporation							
SUBJECT	FGTB Holdings, I	LC						
		Name of Limited Liability Company						
		oreign Limited Liability Con led to register the above refe						
Please retu	rn all correspondence	concerning this matter to the	c following:					
	Kelly Greaney	y						
	-		Name of Person	·· · · · · · · · · · · · · · · · · ·		,		
	TeamHealth							
	***	F	Firm/Company					
	265 Brookvie	w Centre Way, Suite 400						
	Address							
	Knoxville, TN	37919						
	City/State and Zip Code							
	kelly_greaney@	teamhealth.com	•					
For further	information concerni	E-mail address: (to be use ng this matter, please call:	ed for future annua	l report no	tification)			
Kelly Greaney			865 at (693-10	900 년 상			
	Name	of Contact Person	Area Code	Day	ytime Telephone Nuit	Car '		
Di [*] Re P.0	AILING ADDRESS AILING ADDRESS Components Components			Division Registrat Clifton B 2661 Exe	of Corporations 5	D: 25		
	a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin	_	□ \$160.00 Filing F		c	

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 TOTRANSACT RESINESS IN THE STATE OF FLORIDA:

GTB Holdings, LLC (Name of Foreig	gn Limited Liability Company; must	include "Limited Lie	ability Company," "L.L.C.,"	or "LLC.")
11.1	1161		- 1. 131 - 1. 1. 27h - 10 - 10 - 10	
lity Company," "L.L.C," o	ernate name adopted for the purpose or "LLC.")	of transacting busine	ss in Piorida. The alternate i	name must include "Limited
elaware		3. 45-3698549		
risdiction under the law of ompany is organized)	f which foreign limited liability		(FEI number, if applicat	ble)
	(Date first transacted business	a in Pharida 16 anion 1		
	(See sections 605.0904 & 605.0	s in Fiorida, 11 prior to 1905, F.S. to determin	o registration.) ie penalty liability)	
111 Fairway Drive, Sui	ite 450			
alm Beach Gardens, FL	33418			
	(Street Address of Pr	rincipal Office)		
tn: Legal Dept., 265 Bi	rookview Centre Way, Suite 400) 		
noxville, TN 37919				
	(Mailing Ac	ddress)		
ame and <u>street address</u> (of Florida registered agent: (P.O). Box <u>NOT</u> accep	table)	A T
Name:	Corporation Service Company		_	NEW YORK
Office Address: 1	1201 Hays Street		_	SE G
7	Tallahassee		, Florida 32301	
_	(City)		(Zip code)	
stered agent's acceptan	nce:		1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ig been numeu as regis nated in this application	stered agent and to accept service on, I hereby accept the appointm	ce oj process jor in nent as revistered (e above statea timitea ita went and naree to act in	abuity company at the place this canacity. I further an
inplywith the provision:	is of all statutes relative to the pi	roper and complete	e performançe of my dut	ies, and I am familiar with
t the obligations of my	position as registered agent. Corporation Service Company	711	1 1	
	зограгаціон обглава обтірану. Зу:	101. 7	7011A	Melissa Zender
		ed agent's signature)		Asst. Vice President
he name, title or capaci	ity and address of the person(s) w	vho has/have autho	rity to manage is/are:	
r Rogers, Manager, 26	5 Brookview Centre Way, Suite	400, Knoxville, Th	N 37919	
nen Holtzclaw, MD, Ma	anager, 265 Brookview Centre W	Vay, Suite 400, Kno	oxville, TN 37919	
R. Stair, Assistant Secr	retary, 265 Brookview Centre W	ay, Suite 400, Kno	xville, TN 37919	
		· · · · · · · ·		
	f existence, no more than 90 days which it is organized. (If the cert mitted)			
	1/15			
_	Signature of	an authorized person	n	
locument is executed in teed in a document to the	n accordance with section 605,020 ne Department of State constitute	03 (1) (b), Florida : es a third degree felo	Statutes. I am aware that a	nny false information 17,155, F.S.
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iction under the law of translator must be subrems. document is executed in tted in a document to the	which it is organized. (If the cermitted)	tificate is in a foreign authorized person (3) (1) (b), Florida:	gn language, a translation n Statutes, I am aware that a	of the certification

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FGTB HOLDINGS, 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 THIRTEENTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FGTB HOLDINGS, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

Authentication: 202314358

Date: 05-13-16

5054027 8300 SR# 20163174568