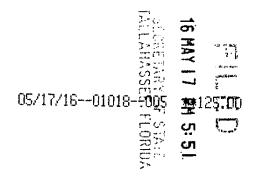
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2016

CT CORPORATION SYSTEM

SUBJECT: ORLANDO KIDNEY CARE, LLC

Ref. Number: W16000035967

RE-SUBMIT

Please retain original filing date of submission 5/17

We have received your document for ORLANDO KIDNEY CARE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L12000158166.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 716A00010478

Orlando Kidney Care, LLC

() Nonprofit	_	
() Foreign	() Amendment	() Merger
() Limited Partnership	() Dissolution/Withdrawal	() Mark
(X) LLC	() Reinstatement	
Qualification	() Annual Report	() Other
	() Name Registration	
() Certified Copy	() Fictitious Name	
() Call When Ready	_	
(x) Walk In	() Photocopies	
() Mail Out		() After 4:30
	() Call If Problem	(x) Pick Up
Name	() Will Wait	
Availability		
Document	5/17/2016	Order#:
Examiner		10013517
Updater	KM	
Verifier		Ref#:
W.P. Verifier		
		Amount: \$

COVER LETTER

Division of Corporations								
SUBJECT:	Orlando Kidney Ca							
	Name of Limited Liability Company							
		reign Limited Liability Comp d to register the above refere						
Please return	all correspondence	concerning this matter to the	following:					
	Elizabeth Scull	у						
	Name of Person							
	Fresenius Med	ical Care						
	Firm/Company							
	920 Winter St.							
Address								
	Waltham, MA 02451							
City/State and Zip Code								
	wynelle.scenna@	fmc-na.com						
		E-mail address: (to be used	for future annual	report not	ification)			
For further in	nformation concernin	g this matter, please call:						
Eli	zabeth Scully		781 at (699-90				
 15.	Name o	of Contact Person	Airea Code	Day	time Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ce, FL 32301				
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop			

:

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: Orlando Kidney Care, 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. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 920 Winter St., Waltham, MA 02451 (Street Address of Principal Office) 920 Winter St., Waltham, MA 02451 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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 complywith 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. CT Corporation System 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Bryan Mello, Assistant Treasurer Winter ST. Waltham, MA 02451 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. Bryan Mello

Assistant Treasurer

Typed or printed name of signee

Delaware
The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "ORLANDO KIDNEY 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 SEVENTEENTH DAY OF MAY, A.D. 2016.

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

Authentication: 202329135

Date: 05-17-16

6021108 8300 SR# 20163291861

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