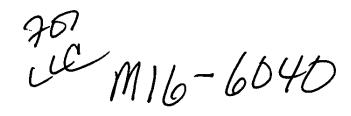
# M/600006040

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/State/Zip/Pfforte #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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07/29/16--01003--001 \*\*555.00



JUL 29 2016 N. CAUSSEAUX

## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM

Date: 1-28-17
Healthways SC LLC
**PLEASE FILE THE ATTACHED AND RETURN:**
Plain Copy
Certified Copy
**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:**
Document Number:
Certified Copy of Arts & Amendments
Certificate of Good Standing
**APOSTILLE'/NOTARIAL CERTIFICATION:**
COUNTRY OF DESTINATION
NUMBER OF CERTIFICATES REQUESTED
TOTAL AMOUNT OWED: 125 CHECK NUMBER: 2734  PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.
Thank you!
Tina Goff, President

#### **COVER LETTER**

SUBJECT	Healthways SC	LLC						
octatio.		Name of L	imited Liability (	Company				
The enclose Existence, a	ed "Application by Forand check are submitted	eign Limited Liability Compa I to register the above refere	any for Authoriza nced foreign limi	ation to Tra	nsact Business in Florida," company to transact busin	Certificate of ness in Florida		
Please retur	n all correspondence c	oncerning this matter to the f	following:					
		Na	me of Person	,		•		
Firm/Company								
Address								
		City/Sta	ate and Zip Code					
	mary.flipse@hea	lthways.com						
E-mail address: (to be used for future annual report notification)								
For further	information concerning	this matter, please call:						
М	argaret Alexander		615 at (	259-672				
_	Name o	f Contact Person	Area Code	Day1	time Telephone Number			
Di Re P.(	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 llahassee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ee, FL 32301			
	a check for the followi \$125.00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Co of Status & Certified Cop			

TO:

Registration Section
Division of Corporations

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

Healthways SC, LLC	ISINESS IN THE STATE OF FLORII			
	eign Limited Liability Company; n	nust include "Limited Liab	ility Company," "L.L.C.," or "I	.LC.")
name unavailable, enter al ability Company," "L.L.C,	ternate name adopted for the purp " or "LLC,")	ose of transacting business	in Florida. The alternate name	must include "Limited
Delaware		3. 81-3034459		
(Jurisdiction under the law company is organized) N/A	of which foreign limited liability		(FEI number, if applicable)	
701 Cool Springs Blvd	(See sections 605.0904 & 60	ness in Florida, If prior to 05.0905, F.S. to determine	registration.) penalty liability)	
Franklin, TN 37067				
701 Cool Springs Blvd	·	of Principal Office)		
Franklin, TN 37067				28 1.888
	(Mailin	g Address)		79 3
Name and street address	s of Florida registered agent: ( NRAI Services, Inc.	P.O. Box NOT accepta	ble)	AM IO: 5
Name:	THEN DELVIOUS, THE.		•	22 S
Office Address:	1200 South Pine Island Road	<u></u>	22204	Þ
	Plantation (City)		, Plorida 33324 (Zip code)	
esignated in this applicate complywith the provision coupt the obligations of the contractions of the cont	tance: gistered agent and to accept se tion, I hereby accept the appol ons of all statutes relative to th my position as registered agent NRAI Services, I By:	intment as registered ag ne proper and complete t.	ent and agree to act in this	capacity. I further agree
		istered agent's signature)	Natalie Leiba-Paul, Assis	tant Secretary
The name title or	ncity and address of the person(	(a) who han/have authority	tu to managa is/see	
•	•	•	cy to manage isvare;	
loannways, inc., Manage	r, 701 Cool Springs Blvd., Fra	пиш, 114 37007		<del></del>
**************************************	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		<del></del>
Attached is a certificate urisdiction under the law of the translator must be su	of existence, no more than 90 of which it is organized. (If the somitted)	days old, duly authentica	nted by the official having cun language, a translation of t	stody of records in the he certificate under oath
	-1111	ire of an authorized person		
his document is executed	in accordance with section 605	•	tatutes. I am aware that any f	alse information
	the Department of State consti			
	Mary C Flines			

Typed or printed name of signce

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "HEALTHWAYS SC, LLC" IS DULY FORMED

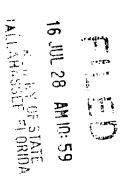
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-EIGHTH DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTHWAYS SC, LLC" WAS FORMED ON THE TWENTIETH DAY OF JUNE, A.D. 2016.

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





Authentication: 202736404

Date: 07-28-16

6073779 8300 SR# 20165118351