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Florida Department of State
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To:

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

From:

Account Name : REGISTERED AGENTS INC.
Account Number : 120090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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Email Address: _____

Foreign Limited Liability Company
NORTHERN FLORIDA MEDICAL FINANCE, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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AUG 08 2016

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. NORTHERN FLORIDA MEDICAL FINANCE, 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. ARIZONA 3. N/A
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1347 N. ALMA SCHOOL ROAD, SUITE 150, CHANDLER, AZ 85224

(Street Address of Principal Office)

6. 1347 N. ALMA SCHOOL ROAD, SUITE 150, CHANDLER, AZ 85224

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: REGISTERED AGENTS INC
Office Address: 3030 N. ROCKY POINT DRIVE, STE 150A
TAMPA, Florida 33607
(City) (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.

Bill Havre
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
DAVID WATTEL, MANAGER, 1347 N. ALMA SCHOOL ROAD, SUITE 150, CHANDLER, AZ 85224

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)

Bill Havre
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.

BILL HAVRE
Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010-05-11 11:10

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STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

*****NORTHERN FLORIDA MEDICAL FINANCE, LLC*****

a domestic limited liability company organized under the laws of the State of Arizona, did organize on the 21st day of June 2016.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said limited liability company is not administratively dissolved for failure to comply with the provisions of A.R.S. section 29-601 et seq., the Arizona Limited Liability Company Act; and that the said limited liability company has not filed Articles of Termination as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 5th day of August, 2016, A. D.




Jodi A. Jerich, Executive Director

By: _____ 1483160