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(Requestor's Name)					
(Address)					
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(Cit	ty/State/Zip/Phone #	¥)			
PIÇK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates o	of Status			
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VALUE

COVER LETTER

TO:

Registration Section

Div	rision of Corporations					
SUBJECT:	NephKhan, LLC					
	Name of Limited Liability Company					
	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.					
Please return	n all correspondence concerning this matter to the following:					
	Farhan A Khan					
	Name of Person					
	NephKhan, LLC					
	Firm/Company					
	c/o Fritzsch - 213 Pelican Way					
	Address					
	Delray Beach, FL 33483					
	City/State and Zip Code					
	sdfritzsch@gmail.com					
	E-mail address: (to be used for future annual report notification)					
For further in	nformation concerning this matter, please call:					
San	ndra Fritzsch 513 673-5245					
	Name of Contact Person Area Code Daytime Telephone Number					
Div Reg P.O	AILING ADDRESS: rision of Corporations gistration Section Division of Corporations Registration Section Division of Corporations Registration Section Clifton Building Registration Section Clifton Building Registration Section Clifton Building Registration Section Clifton Building Registration Section Registration Section Clifton Building Registration Section Registration					
	a check for the following amount: S125.00 Filing Fee \$\mathbb{Z}\$\$130.00 Filing Fee & \$\mathbb{Z}\$\$\$130.00 Filing Fee & \$\mathbb{Z}\$\$\$ \$Certificate of Status & Certified Copy of Status & Certified Copy					

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:

NephKhan, LLC	USINESS IN THE STATE OF FLORIDA:			
(Name of For	eign Limited Liability Company; mus	t include "Limited Lial	bility Company," "L.L.C.," or	"LLC.")
Liability Company," "L.L.C,	lternate name adopted for the purpose," or "LLC.")	of transacting busines	s in Florida. The alternate nam	e must include "Limited
2. Delaware		3. 47-4127279		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	
4	(Date first transacted busines	s in Florida if prior to	registration)	-
Paradas Dialasia Carr	(Date first transacted busines (See sections 605.0904 & 605.0)905, F.S. to determine	e penalty liability)	
5. Renviva Dialysis Cent	er of Clearwater, LLC			-
401 Coch	BETT ST SUITE (Street Address of Pr	250 BEL	LEAIR, FL 33	3756
6. Renviva Dialysis Cente		The spar Office)		-
213 Pelican Way, Delr.	ray Beach, FL 33483			
	(Mailing A	.ddress)		•
7. Name and street addres	ss of Florida registered agent: (P.C	D. Box NOT accepta	able)	
Name:	Sandra Fritzsch			5.7
Office Address:	213 Pelican Way		_	5 5 2
	Delray Beach,		, Florida	5 5
	(City)		(Zip code)	
Registered agent's accep <i>Having been named as re</i>	otance: Egistered agent and to accept servi	ice of process for the	e ahove stated limited liahil	ity company arthe place
designated in this applica	tion, I hereby accept the appointn	nent as registered aj	gent and agree to act in this	s capacity. I fulther agrée
	ons of all statutes relative to the p my position as registered agent.	roper and complete	performance of my duties,	<u> </u>
				7 **
	(Register	red agent's signature)		
8. The name, title or cana	acity and address of the person(s) v	who has/have author	ity to manage is/are:	
Farhan A Khan, member	uerry and address of the person(s)	Wile massifiave author	ny to manage is/are.	
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
<ol> <li>Attached is a certificate urisdiction under the law of the translator must be su</li> </ol>	of existence, no more than 90 day of which it is organized. (If the cerubmitted)	s old, duly authentic tificate is in a foreig	ated by the official having c in language, a translation of	ustody of records in the the certificate under oath
	Farke			
	Signature o	of an authorized person	<u> </u>	

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.

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "NEPHKHAN, 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 FOURTH DAY OF AUGUST, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEPHKHAN, LLC"

WAS FORMED ON THE SIXTH DAY OF APRIL, A.D. 2015.

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

A CONTRACTOR OF THE PARTY OF TH

Authentication: 202776694

Date: 08-04-16

5722919 8300 SR# 20165231317