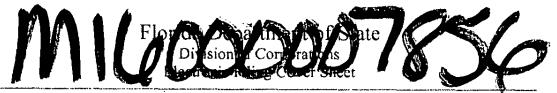
Division of Corporations



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D. BRUCE OCT 03 2016

COVER LETTER

	egistration Section vision of Corporation	ns					
SUBJECT	Primary Care (ITC)	Holdings, LLC					
		Name of	Limited Liability	Сотрапу			
		reign Limited Liability Comp d to register the above refer					
Please retur	n all correspondence o	concerning this matter to the	following:				
	Steven Cohen						
		N	ame of Person				
	Primary Care (ITC) Holdings, LLC					
		F	irm/Company				
	667 Madison A	venue, 5th Floor					
			Address				
	New York, NY	10065				2916	
		City/S	tate and Zip Code		2	SEP	
	scohen@intande	mcapital.com			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ن ن ایرا	West states
		E-mail address: (to be use	d for future annual	report not	ification)	<u>0</u>	ا سزسیا
For further	information concernin	g this matter, please call;	•		ت د استا استر مشت	Ū.	3 7
Ει	van Segal	·	617	570-11	27 울음	? 3	, Name of the least of the leas
_	Name o	Contact Person	Area Code	Day	time Telephone Number	٥	
Di Re P.0	AHANG ADDRESS: vision of Corporations gistration Section D. Box 6327 Ilahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section wilding ceutive 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 Filir Certified Copy		☐ \$160.00 Filing Fee, Ce of Status & Certified Cop		

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

IN COMPLIANCE WITH SECTION 605 0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Primary Care (ITC) Ho	-	<i></i>	 	
(Name of For	oign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or	"LLC.")		
Liability Company," "L.L.C,	thernate name adopted for the purpose of transacting business in Florida. The alternate nam "or "LLC.")	e must includ	e "Limite	d
2. Delaware	3 81-3528804			
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable)			
4. Upon registration.	(Date first transacted business in Florida, if prior to registration.)			
	(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5. 667 Madison Avenue,	5th Floor	-		
New York, NY 10065			20	
6. 667 Madison Avenue,	(Street Address of Principal Office)		()	Werz
	· · · · · · · · · · · · · · · · · · ·	. H	ZOTO SEP	ESSACA Bistonia
New York, NY 10065		05 65 %	30	-
	(Malling Address)	្តាក់ ព្រ	0	2
7. Name and street address	a of Florida registered agent: (P.O. Box NOT acceptable)		U	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name:	C T Corporation System	25	Ö	. The same of
Office Address:	1200 South Pine Island Road		ω Q	
	Plantation , Florida 33324 (City) (Zip code)			
designated in this applicate to complywith the provision accept the obligations of n		s capacity. I	further	agree
8. The name, title or capa	city and address of the person(s) who has/have authority to manage is/are:			
Primary Care (InTandem)	Holdings, LLC, Member			
667 Madison Avenue, 5th	Floor			
New York, NY 10065				
9. Attached is a certificate jurisdiction under the law of the translator must be su	of existence, no more than 90 days old, duly authenticated by the official having of which it is greanized. (If the certificate is in a foreign language, a translation of ibmitted) Signature of an authorized person	custody of rec	ords in t e under i	he oath
	in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any the Department of State constitutes a third degree felony as provided for in s.817.		atlon	
	Steven Cohen, Authorized Person			
	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 "PRIMARY CARE (ITC) 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 THIRTIETH DAY OF SEPTEMBER, A.D. 2016.

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

6118347 8300

SR# 20166014945

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

Authentication: 203088210

Date: 09-30-16