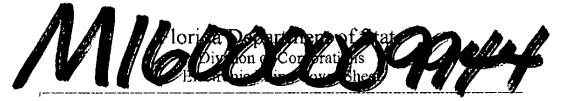
To:18506176383

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(((H16000302650 3)))



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Fax Number : (850)617-6383

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Account Name : HARVARD BUSINESS SERVICES, INC.

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Fam Number : (302)645+1280

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Email Address: palmi87@gmail.com

Foreign Limited Liability Company Paragon Health Solutions, LLC

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Corporate Filing Menu

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

•	ISINESS INTHE STATE OF FLORIDA:	*4		
1. Paragon Health Solutio (Name of Fore	ris, i.i.c. righ Limited Liability Company, unist include "Limited L	iability Company, ""L.L.C.," or "I	J.C.")	-
Liability Company," "L.L.C,"	ternate name adopted for the purpose of transacting busing or "LLC.")	less in Florida. The alternate name	must include "Lin	- nted
2. Delaware	3			•
company is organized)	of which foreign limited liability	(FEI minter, (Pappheable)		
4. No Transactions prior	to Registration			
	(Dute first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determ	to registration.) ine penalty liability)	<u>د</u> .	
5. 2200 N. Commerce Pe	arkway, Suite 200	ummanaya sanasa manaha da ka mar kadan kakasa kakasa da kanada kahada ka	16 DEC -9 AM 9: 22 DECINE OF THE RESERVEN	urani paire
Weston, Florida 33326			DEC .	# # # *********************************
	(Sheet Address of Principal Office)		- 9	
6. 2200 N. Commerce Pa	rkway, Suite 200			
Weston, Florida 33326			9. 9.	
	(Mailing Address)	la el 1988 (1986 1986 1986 1986 1986 1986 1986 1986	₩ \	
7. Name and street address	s of Florida registered agent: (P.O. Box <u>NOT</u> acce	ptable)	. N	
Name.	Shakeia Kegler		•	
Office Address:	2200 N. Commerce Parkway, Suite 200			
	Weston (City)	, Florida <u>33326</u>		
Registered agent's accep		(Zip code)		
designated in this applica to complywith the provisi	gistered agent and to accept service of process for lion, I hereby accept the appointment as registered ons of all statutes relative to the proper and complemy position as registered agent.	lagent and agree to act in this	capacity. I furti	her agree
	(Registered agent's signatur	r)		
	acity and address of the person(s) who has/have auth 2200 N. Commerce Parkway, Suite 200, Weston, F			
Rudolph Lavecchia, Men	iber 2510 Monterey Ct, Weston, FL, 33327			
Jarred Housman, Membe	er 1172 Waterview Lane, Weston FL 33326			
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, duly author of which it is organized. (If the certificate is in a for ubmitted) Signature of an authorized per	eign language, a translation of	astody of records the certificate un	s in the der oath
	Signature of an authorized per	Soft		
This document is executed submitted in a document to	I in accordance with section 605.0203 (1) (b), Florid o the Department of State constitutes a third degree (la Statutes. Lam aware that any	false information ISS, F.S	ı

Typed or printed name of signee

Shakeia Kegler

(((11160003026503)))

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PARAGON HEALTH SOLUTIONS, 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 NINTH DAY OF DECEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARAGON HEALTH SOLUTIONS, LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2016.

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

6201683 8300 SR# 20167005389

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

Authentication: 203484616

Date: 12-09-16