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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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COVER LETTER

		ration Section on of Corporation	s					
SUBJEC		irby Bates Associa	tes, LLC					
SCIPLIC		Name of Limited Liability Company						
The enclo Existence	osed "/ e, and o	Application by Forecheck are submitted	eign Limited Liability Compa I to register the above referer	any for Authorizat aced foreign limite	ion to Trar ed liability	nsact Business in Florida," (company to transact busine	Certificate of ss in Florida	
Please re	eturn al	l correspondence c	oncerning this matter to the f	ollowing:				
		Tiphanie McAf	èe					
			Na	me of Person				
		Kirby Bates As	sociates, LLC					
Firm/Company								
2655 Northwinds Parkway								
				Address				
	Alpharetta, GA 30009							
			City/St	ate and Zip Code				
		tmcafee@jackso	nhealthcare.com					
E-mail address: (to be used for future annual report notification)						fication)		
For furth	her info	rmation concernin	g this matter, please call:					
	Tipha	nie McAfee		678 at (992-126	59		
		Name c	f Contact Person	Area Code	Day	time Telephone Number		
	Divisi Regist P.O. I	on of Corporations tration Section Box 6327 hassee, FL 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301		
Enclosed		heck for the follow 25.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	ig Fee &	□ \$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 FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

. Kirby Bates Associates, LL.C.

(If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpose of transacting " or "LLC.")	business in Florida. The alternate name must in	clude "Limited
2. Georgia	3. 81-47.	38376	
	of which foreign limited liability	(FEI number, if applicable)	
4. March 1, 2017			
	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to d	prior to registration.)	
2655 Northwinds Park		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 23
)			
Alpharetta, GA 30009			10 7
0.000.00	(Street Address of Principal Office)	影气
5. 2655 Northwinds Parks	way		10.27 C
Alpharetta, GA 30009			
	(Mailing Address)		75
7 Name and street address	ss of Florida registered agent: (P.O. Box NOT	'accentable)	2011 APR - 3 LIFE STATES
7. Ivattic and street address	-	_acceptable	
Name:	Corporation Service Company	<u></u>	
Office Address:	1201 Hays Street		
	Tailahassee	32301	
	(City)	, Florida 32301 (Zip code)	
lesignated in this applica o complywith the provisi	rgistered agent and to accept service of proces ution, I hereby accept the appointment as regis ons of all statutes relative to the proper and co my position as registered agent.	stered agent and agree to act in this capaci	ty. I further a
	(Registered agent's sig	<u> </u>	
,	acity and address of the person(s) who has/have	authority to manage is/are:	
8. The name, title or cap:		GA 30009	
•	mber, 2655 Northwinds Parkway, Alpharetta,		
•	mber, 2655 Northwinds Parkway, Alpharetta,		_
•	mber, 2655 Northwinds Parkway, Alpharetta,		- -
•	mber, 2655 Northwinds Parkway, Alpharetta,		- -
KBA Holdings, LLC, Me	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in	a foreign language, a translation of the cert	
KBA Holdings, LLC, Me 9. Attached is a certificate jurisdiction under the law	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in	a foreign language, a translation of the cert	
KBA Holdings, LLC, Me 9. Attached is a certificate jurisdiction under the law	of existence, no more than 90 days old, duly a of which it is organized. (If the certificate is in	a foreign language, a translation of the cert	

Typed or printed name of signee

Douglas B. Kline

Control Number: 16109204

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530



CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Kirby Bates Associates, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number Date Inc/Auth/Filed Jurisdiction

Print Date Form Number : 14307381 :11/21/2016

: Georgia : 03/23/2017





Brian P. Kemp Secretary of State