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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2017

BECKY ASFELD 100 S FIFTH ST SUITE 1400 MINNEAPOLIS, MN 55402

SUBJECT: HEALTHCARE IMPACT ASSOCIATES L.L.C.

Ref. Number: W17000017515

We have received your document for HEALTHCARE IMPACT ASSOCIATES L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$777.50.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 217A00003938

2017 APR 20 AM 11: 56

COVER LETTER

the enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificistence, and check are submitted to register the above referenced foreign limited liability company to transact business in lase return all correspondence concerning this matter to the following: Becky Asfeld		HealthCare Impact Associates L.L.C.				
istence, and check are submitted to register the above referenced foreign limited liability company to transact business in use return all correspondence concerning this matter to the following: Becky Asfeld		Name of Limited Liability Company				
Becky Asfeld Name of Person Messerli & Kramer P.A. Firm/Company 100 South Fifth Street, Suite 1400 Address Minneapolis, MN 55402 City/State and Zip Code accounting@healthefx.us E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: Becky Asfeld Becky Asfeld Name of Contact Person Area Code Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 S125.00 Filing Fee \$\Bigsim \frac{\$155.00 \text{ Filing Fee & \$\Bigsim \frac{\$160.00 \text{ Filing Fee, Certifier}}{\Bigsim \frac{\$100.00 \text{ Filing Fee}}{\Bigsim \Bigsim \B	istence, a	nd check are submitted to register the abov	e referenced foreign limit			
Name of Person Messerli & Kramer P.A. Firm/Company 100 South Fifth Street, Suite 1400 Address Minneapolis, MN 55402 City/State and Zip Code accounting@healthefx.us E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Becky Asfeld Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FI. 32314 Slosed is a check for the following amount: \$\Bigsim \$125.00 \text{ Filing Fee} \Bigsim \$130.00 \text{ Filing Fee} \Bigsim \$155.00 \text{ Filing Fee} \Bigsim \$160.00 \text{ Filing Fee}, Certification \$\Bigsim \$125.00 \text{ Filing Fee} \Bigsim \$160.00 \text{ Filing Fee}, Certification \$\Bigsim \$125.00 \text{ Filing Fee} \Bigsim \$160.00 \text{ Filing Fee}, Certification \$\Bigsim \$125.00 \text{ Filing Fee} \Bigsim \$160.00 \text{ Filing Fee}, Certification \$\Bigsim \$125.00 \text{ Filing Fee} \Bigsim \$160.00 \text{ Filing Fee}, Certification \$\Bigsim \$125.00 \text{ Filing Fee} \Bigsim \$160.00 \text{ Filing Fee}, Certification \$\Bigsim \$125.00 \text{ Filing Fee} \Bigsim \$160.00 \text{ Filing Fee}, Certification \$\Bigsim \$125.00 \text{ Filing Fee} \Bigsim \$160.00 \text{ Filing Fee}, Certification \$\Bigsim \$125.00 \text{ Filing Fee} \Bigsim \$160.00 \text{ Filing Fee}, Certification \$\Bigsim \$125.00 \text{ Filing Fee} \Bigsim \$160.00 \text{ Filing Fee}, Certification \$\Bigsim \$125.00 \text{ Filing Fee} \Bigsim \$160.00 \text{ Filing Fee}, Certification \$\Bigsim \$125.00 \text{ Filing Fee} \Bigsim \$160.00 \text{ Filing Fee}, Certification \$\Bigsim \$125.00 \text{ Filing Fee} \Bigsim \$160.00 \text{ Filing Fee}, Certification \$\Bigsim \$125.00 \text{ Filing Fee} \Bigsim \$160.00 \text{ Filing Fee}, Certification \$\Bigsim \$125.00 \text{ Filing Fee} \Bigsim \$160.00 \text{ Filing Fee}, Certification \$\Bigsim \$125.00 \text{ Filing Fee}, Certification \$\Bigsim \$125.00 \text{ Filing Fee}, Certification \$\Bigsim \$125.00 \text{ Filing Fee}, Certification	use returr	all correspondence concerning this matter	to the following:			
Messerli & Kramer P.A. Firm/Company		Becky Asfeld				
Firm/Company 100 South Fifth Street, Suite 1400 Address Minneapolis, MN 55402 City/State and Zip Code accounting@healthefx.us E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: Becky Asfeld Becky Asfeld Area Code Name of Contact Person MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Closed is a check for the following amount: S125.00 Filing Fee \$155.00 Filing Fee \$160.00 Filing Fee, Certification			Name of Person			
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Address Minneapolis, MN 55402 City/State and Zip Code accounting@healthefx.us E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: Becky Asfeld At (12 672-3685) Name of Contact Person Area Code Daytime Telephone Number MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 Closed is a check for the following amount: \$\Begin{array}{c} \text{Address} \\ \text{Code} \\ \text{Biling Fee} \\ \end{array} \text{\$\left(\text{S155.00 Filing Fee} \\ \end{array} \text{\$\left(\text{S155.00 Filing Fee} \\ \end{array} \text{\$\left(\text{S155.00 Filing Fee} \\ \end{array} \text{\$\left(\text{S160.00 Filing Fee}, Certification} \\ \text{\$\left(\text{S155.00 Filing Fee} \\ \end{array} \text{\$\left(\text{S155.00 Filing Fee} \\ \end{array} \text{\$\left(\text{S160.00 Filing Fee}, Certification} \\ \text{\$\left(\text{S155.00 Filing Fee} \\ \end{array} \text{\$\left(\text{S160.00 Filing Fee}, Certification} \\ \text{\$\left(\text{S155.00 Filing Fee} \\ \end{array} \text{\$\left(\text{S160.00 Filing Fee}, Certification} \\ \text{\$\left(\text{S155.00 Filing Fee} \\ \end{array} \text{\$\left(\text{S160.00 Filing Fee}, Certification} \\ \end{array}		Firm/Company				
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Registration Section P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 nclosed is a check for the following amount: ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$160.00 Filing Fee, Certification	Be			Daytime Telephone Number		
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Tallahassee, FL 32301 nclosed is a check for the following amount: ■ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$160.00 Filing Fee, Certification	<u>M</u> A Div	Name of Contact Person AILING ADDRESS: ision of Corporations		STREET ADDRESS: Division of Corporations		
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4/20/17 becky no longer @ messerli to Kramer, P.A.	MA Div Reg P.O Tal. nclosed is a	Name of Contact Person AILING ADDRESS: dission of Corporations gistration Section D. Box 6327 dahassee, FL 32314 a check for the following amount: 6125.00 Filing Fee \$\square\$	Area Code	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 g Fee & \$\Bigsquare\$\$\$\$\$\$ \$\$160.00 Filing Fee, Certificate		

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

IN COMPLIANCE WITH SECTION 605,002, FLORIDA STATUTES, THE POLICIPING ISSUBMITTED TO REGISTER A PORFIGAL HIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF PLORIDA: HealthCare Impact Associates L. L. C. (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. Minnesota (Jurisdiction under the law of which foreign limited liability (FBI number, if applicable) company is organized) 11/25/15 (Date first transacted business in Florida, If prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 6106 Baker Road, Suite 205 Minnetonka, MN 55345 (Street Address of Principal Office) 6106 Baker Road, Suite 205 Minnetonka, MN 55345 (Malling Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 1200 South Pine Island Road Name: minition, 14: 33324 Office Address: Plantation (City) 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 complywith 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. Cristie Myers, Asst. Vice President (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Andrew G. Brown, Chief Executive Officer 6106 Baker Road, Suite 205 Minnetonka, MN 55345 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official baying 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 eath of the translator must be submitted) Signature of an authorized person This document is executed in accordance with section 605-6203 (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.

Typed or printed name of signee

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

HealthCare Impact Associates L. L. C.

Date Filed:

05/29/2012

File Number:

491063700027

Minnesota Statutes, Chapter:

322B

Home Jurisdiction:

Minnesota

This certificate has been issued on:

02/20/2017

tere Vimm



Steve Simon

Secretary of State State of Minnesota