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		Phone : (941)7 Fax Number : (941)7	48-0100	
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APPLICATION BY FO	OREIGN LIMITED LIABILITY (II	COMPANY FOR AUTHORIZATION T V FLORIDA	O TRANSACT BUSIN
IN COMPLIANCE WITH SEC	TTON 605,0902, FLORIDA STATUTES, TI	HE FOLLOWING IS SUBMITTED TO REGISTER	A FOREIGN LIMITED LIA
2. Reliance Healthcare	SINESS IN THE STATE OF FLORIDA:		
(Name of Foreign	Limited Liability Company; must include "I	imited Liability Company," "L.L.C.," or "LLC.")	
(IF name unavailable, enter alternate r	sime adopted for the purpose of transacting business	in Floride. The alternate name must include "Limited Liability	Company," "L.L.C," or "LLC.")
2. Delaware	hich foreign limited liability company is organized)		familicohie
4			
·····	(Date first transacted business in Florida, if p (See soctions 605.0904 & 605.0905, F.S. to c	rior to registration) letermine possity lisbility)	
5. 3655 INNOVATION (Street Address of		6. 3655 INNOVATION DR (Mailing Address)	
LAKELAND, FL 338	· ·	LAKELAND, FL 33812	
		<u></u>	
7. Name and street addres	ss of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Blalock Walters, P.A.		
Office Address:	2 North Tamiami Trail Suite 4	08	
	Sarasota	, Florida 34236	
Registered agent's accep	(City)	(Zip code)	
Having been named as re	gistered agent and to accept service	of process for the above stated limited lid	bility company at the pl
to comply with the provision	ions of all statutes relativ <u>e to the pr</u>	ent as registered agent and agree to act in oper and complete performance of my du	this capacity. I further d ies, and I am familiar w
ana accept the obligation.	s of my position as segistered agent	2 2 2	
	(Registered a	pent's signature)	
		to has/have authority to manage is/are:	
<u>Title or Capacity:</u>		Title or Capacity:	Name and Address:
Manager	Sess INNOVATION DR		
	LAKELAND, FL 23812		
			HAY AHA
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(Use attachments if neces	sary)		
9. Attached is a certificate jurisdiction under the law of the translator must be su	of which it is organized. (If the corti	old, duly authenticated by the official havin freque is in a foreign anguage, a translation	g custory of records in t of the cuiticate order of
		- fer	
		outure of a suthorized present	_
10. This document is exec submitted in a document to	uted in accordance with section 605. the Department of State constitutes	0203 (1) (b), Florida Statutes. I am aware the a third degree felony as provided for in s.8	nat any false information 17.155, F.S.
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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RELIANCE HEALTHCARE NETWORK, 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 SECOND DAY OF MAY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RELIANCE HEALTHCARE NETWORK, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF APRIL, A.D. 2017.



Jurtery vir. Budiselle, Starreitary vir Basir >

Authentication: 202473659 Date: 05-02-17

6383046 8300 SR# 20173010793

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