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SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive

Tallahassee, Florida 32312

(850) 656-4724

Toll Free: 844-541-6792

DATE:	<u>-18-17</u>	WALK IN
ENTITY NA	IME: LPP of Florida, LLC	
DOCUMENT	#	
	**PLEASE FILE THE ATTACHED AND RETURN: **	*
	Plain Copy Certified Copy	
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENT	ITY: **
	Certified Copy of Arts & Amendments Certificate of Good Standing	
	**APOSTILLE'/NOTARIAL CERTIFICATION: **	
	OF DESTINATIONF CERTIFICATES REQUESTED	
	125.00	
TOTAL \$ CHECK #:		

COVER LETTER

TO:	istration Section ision of Corporations		
SUBJE	LPP of Florida, LLC		
30000	Name of Limited Liability Company		
The end Existen	"Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of defect are submitted to register the above referenced foreign limited liability company to transact business in Florida		
Please	all correspondence concerning this matter to the following:		
	Linda Lee Howard		
	Name of Person		
	Baker Donelson Bearman Caldwell and Berkowitz		
Firm/Company			
	211 Commerce Street, Suite 800		
Address			
	Nashville, TN 37201		
	City/State and Zip Code		
	chris.kelly@legacyphysicianpartners.com		
	E-mail address: (to be used for future annual report notification)		
For fur	formation concerning this matter, please call:		
	da Lee Howard 615 726-7315		
	Name of Contact Person Area Code Daytime Telephone Number		
	STREET ADDRESS: STREET ADDRESS: Sister of Corporations Division of Corporations		
Enclose	check for the following amount: 125.00 Filing Fee		

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 COMPANYTOTIVANSACT BUSINESS IN THE STATE OF FLORIDA: LPP of Florida, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (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.") Applied for Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) N/A (Date first transacted business in Florida, il prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) Legacy Physician Partners, LLC 5214 Maryland Way, Suite 404, Brentwood, TN 37027 (Street Address of Principal Office) Legacy Physician Partners, LLC 52!4 Maryland Way, Suite 404, Brentwood, TN 37027 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRAI Services, Inc. Name: 1200 South Pine Island Road Office Address: , Florida 33324 (Zip code) 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. NRAI Services, Inc. MFerdinand, Assistant Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Christopher R. Kelly, Chairman/Chief Executive Officer, 5214 Maryland Way, Suite 404, Brentwood, TN 37027 Don Bivacca, President, 5214 Maryland Way, Suite 404, Brentwood, TN 37027 Brady Sturgeon, Secretary/Chief Financial Officer, 5214 Maryland Way, Suite 404, Brentwood, TN 37027 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having 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 oath of the (ranslator must be submitted) aigh a loly. This document is executed in accordance with section 605.0203 (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.

Christopher R. Kelly

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LPP OF FLORIDA, LLC" IS DULY FORMED

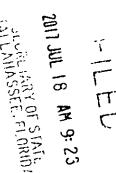
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SEVENTEENTH DAY OF JULY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LPP OF FLORIDA, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JULY, A.D. 2017.

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





Authentication: 202895269

Date: 07-17-17

6481355 8300 SR# 20175266223



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 19, 2017

SUNSHINE CORPORATE FILING OF FLORIDA INC.

SUBJECT: LPP OF FLORIDA, LLC Ref. Number: W17000059541

We have received your document for LPP OF FLORIDA, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

What is the title for Brady Sturgeon?,

Please return 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.

Karen A Saly Regulatory Specialist II

Letter Number: 817A00014594