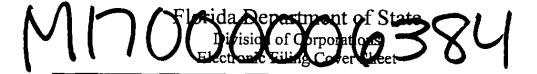
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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

# Foreign Limited Liability Company AMA Healthcare Solutions, LLC

Certificate of Status	311	0		
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Page Count		04		
Estimated Charge		\$155.00		

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#### COVER LETTER

	AMA Healthea	re Solutions, LLC				
SUBJECT: _	·	<del></del>	of Limited Liability			
			•••			
	oncer me should	area to telegree rue above tele	etencea tatelâu fiu	zation to T nited liabil	Transact Business in Florida," Certific ity company to transact business in F	ate of lorida
Please return a	Il correspondenc	e concerning this matter to th	e following:			
•	Janice Null					
		1	Name of Person			
	InCorp Servi	ces, Inc.	·			
			Firm/Company			•
	3773 Howard	Hughes Parkway Suite 5005	S			
			Address			
	Las Vegas, N	V 89169-6014				
		City/	State and Zip Code	;		
	documents@in	corp.com				
		E-mail address: (to be use	d for future annua	report no	otification)	
For further info	mation concerni	ing this matter, please call:				
Janice ———	Null for InCorp	Services, Inc.	800 at (	246-26	577	
	Name	of Contact Person	Area Code	Day	ytime Telephone Number	
Divisio Registra P.O. Bo	ING ADDRESS n of Corporation ation Section ox 6327 ssee, FL 32314			Division Registrat Clifton E 2661 Exc	F ADDRESS:  of Corporations  tion Section  shilding  ecutive Center Circle  see, FL 32301	
Enclosed is a che	ck for the follow		_			
LI \$125	.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & Certified Capy	

### 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 FORESCI. LIMITED LIABILITY

COM TON TO HOUSE D	CONTROL IN THE STATE OF FLORIDA:		
I. AMA Healthcare Sol	utions, LLC		
(Name of Foreign	Limited Liability Company, must include "Limit	ad Liability Company," "L.L.C.," or "L.C.	<u> </u>
<del></del>			
(If name unavailable, order alternate a	tame adopted for the purpose of transacting business in Fl	orida. The alternate name errest include "Limited L	isbility Company." "L.L.C." or "L.L.C."
2. Indiana		3.	- , ,, ===,
(Jurisdiction under the law of w	tich favign imited Fability company is organized)	(PE) au	rates, (Papalicable)
4 I Inon Registration			
4. Upon Registration	(Date first transacted business in Florida, if prior to		
	(See sections 603 0904 & 603,0905, F.S. to determ	ne benefit (uspilink)	28
5. 14350 Mundry Drive		6. 14350 Mundry Drive	
(Street Address of )	riocipal Office)	O-testing Ad-	that you are
Suite 800-117		Suite 800-117	
Nobelsville, IN 46060	)	Noblesville, IN 46060	0/4:
			(A)
7 Name and street address	a of Florida and a large of the same		me: B
mue min bucci sunte	s of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	InCorp Services, Inc.	•	
	17000 (7) (7		22 <b>2</b>
Office Address:	17888 67th Court North		57
	Loxahatchee	37470	
•	(Ciry)	, Florida 33470	
Registered agent's accept	tance:	(Zip co	<b>-E</b> )
	Janice Due	Janice Null on behalf of InC	orp Services, Inc.
	(Registered agent's s	grature)	<del></del>
8. The name, title or cana-	city and address of the person(s) who has	Manage and the second	
Title or Capacity:	Name and Address:		**
		Title or Capacity:	Name and Address:
Маладег	Autumn Thompson		
	14350 Mundry Drive Suite 800-1 Noblesville, IN 46060	17	
	NUDICAVIIIC, 114 46000		
<del></del>			
	<del></del>		
Tien etaelen en 15			
Use attachments if necessa	rty)	င်ရ	
. Attached is a certificate of	Fundamental Association of the second of the	uly authenticated by the afficial ba	aring managed and the second
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u. This document is execut	ed in accordance with section 605,0203	)) (b), Florida Statutes. I am awan	that any false information
ominica ai a document to t	he Department of State constitutes a thin	degree felony as provided for in a	.817.155, F.S.
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<del></del>	le entrogic	to authorized person	
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_	Autum	n Thompson	
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## State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

### AMA HEALTHCARE SOLUTIONS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on December 12, 2016, and was in existence or authorized to transact business in the State of Indiana on July 26, 2017.

I further certifiy this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 26, 2017

Corrie Zamson

CONNIE LAWSON SECRETARY OF STATE

201612121170583 / 2017366350 Verify this certificate:https://bsd.sos.ln.gov/ValidateCertificate