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Foreign Limited Liability Company
Sunflower Healthcare Marketing LLC

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September 22, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HARVARD BUSINESS SERVICES, INC.

SUBJECT: SUNFLOWER HEALTHCARE MARKETING LLC
REF: W17000075998

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Yasemin Y Sulker
Regulatory Specialist II

FAX Aud. #: H17000248333
Letter Number: 717A00019257

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Sunflower Healthcare Marketing LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLP")

(If name unacceptable, each alternate name adopted for the purpose of transacting business in Florida. The alternate name may include "Limited Liability Company," "LLC," or "LLP")

2. Delaware

(Jurisdiction under the law of which foreign Limited Liability Company is organized)

3. _____

(City, county, (if applicable))

4. September 18, 2017

(Date first commenced business in Florida; if prior to registration, give location of U.S. office to determine penalty liability)

5. 1306 Hargrove St

(Street Address of Principal Office)

Palatka, FL 32177

6. 1306 Hargrove St

(Mailing Address)

Palatka, FL 32177

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: JoRhoda Lee Black-Wilson

Office Address: 1306 Hargrove St

Palatka

Florida 32177

(City)

(Zip code)

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 comply with 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.

JoRhoda Lee Black-Wilson
(Registered agent's signature)

8. The name, title, or capacity and address of the person(s) who has/have authority to manage/insure:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
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AMBR

Rachelle A Vandevanter

1306 Hargrove St

Palatka, FL 32177

(Use attachments if necessary)

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 translator must be submitted)

10. This document is executed in accordance with section 605.0902 (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.817.355, F.S.

Rachelle A Vandevanter
(Signature of authorized person)

Rachelle A Vandevanter

AMBR

(Typed printed name of agent)

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SUNFLOWER HEALTHCARE MARKETING 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 TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNFLOWER HEALTHCARE MARKETING LLC" WAS FORMED ON THE THIRD DAY OF JANUARY, A.D. 2017.

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



6269632 8300

SR# 20176268763

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

A handwritten signature of Jeffrey W. Bullock, Secretary of State, over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203265739

Date: 09-21-17

((H17000248333 3)))