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Foreign Limited Liability Company  
VALINTRY HEALTH, LLC

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# 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. VALINTRY HEALTH, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name is unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida, and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-2589288  
(FEI number, if applicable)

4. Immediately upon filing  
(Date first transacted business in Florida, if prior to registration)  
(See Section 605.0904 & 605.0905, Florida Statutes, to determine penalty liability)

5. 1201 S. ORLANDO AVE STE 440, WINTER PARK, FL 32789  
(Principal office address)

6. 1201 S. ORLANDO AVE STE 440, WINTER PARK, FL 32789  
(Current mailing address)

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

Name: William R. Lowman, Jr., Esq.

Office Address: Shuffled, Lowman & Wilson, P.A.  
1000 Legion Place, Suite 1700  
Orlando, FL 32801

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.*



William R. Lowman, Jr.

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

Name and AddressTitle or Capacity

DARYL DIXON  
1201 S. ORLANDO AVE STE 440  
WINTER PARK, FL 32789

Manager

JOSEPH PARRIS  
1201 S. ORLANDO AVE STE 440  
WINTER PARK, FL 32789

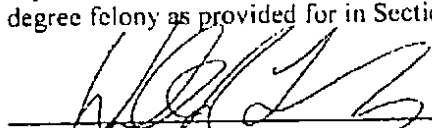
Manager

TIMMY RUPEIKIS  
1201 S. ORLANDO AVE STE 440  
WINTER PARK, FL 32789

Manager

9. Attached is a certificate of existence, not 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.).

This document is executed in accordance with Section 605.0293(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Florida Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.

  
(Signature of authorized person)

William R. Lowman, Jr., Authorized Representative  
(Typed or printed name and capacity of person signing application)

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VALINTRY HEALTH, 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 TENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VALINTRY HEALTH, LLC" WAS FORMED ON THE TENTH DAY OF MAY, A.D. 2016.

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

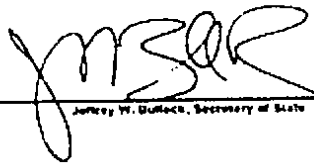
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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State

Authentication: 203554180

Date: 11-10-17

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