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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

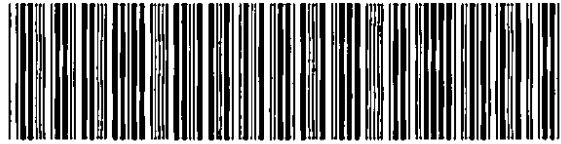
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TALLAHASSEE, FLORIDA

2017 DEC 19 PM 4:22
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DEC 20 2017

Y SULKER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 958412 8134570

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : December 15, 2017

ORDER TIME : 1:32 PM

ORDER NO. : 958412-020

CUSTOMER NO: 8134570

FOREIGN FILINGS

NAME: AYA HEALTHCARE LOCAL, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aya Healthcare Local, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

c/o Legal Department

Name of Person

Aya Healthcare Local, LLC

Firm/Company

5930 Cornerstone Court West, Ste. #300

Address

San Diego, CA 92121

City/State and Zip Code

legalprocess@ayahealthcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Benchimol

at (866)

687-7390

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 DEC 19 PM 4:49

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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. Aya Healthcare Local, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (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.")
2. California 3. 35-2575657
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. December 15, 2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 5930 Cornerstone Court West, Ste. #300 6. 5930 Cornerstone Court West, Ste. #300
(Street Address of Principal Office) (Mailing Address)
San Diego, CA 92121 San Diego, CA 92121

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

Name: Corporation Service Company

Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

By: Corporation Service Company
Roxanne Turner
(Registered agent's signature)

17 DEC 18 10 00 AM
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
Roxanne Turner
Asst. Vice President

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Member</u>	<u>Aya Healthcare, Inc.</u> <u>5930 Cornerstone Ct. W. #300</u> <u>San Diego, CA 92121</u>		

(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 605.0203 (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.

Alan Braynin
Signature of an authorized person
Alan Braynin, President & CEO of Member, Aya Healthcare, Inc.
Typed or printed name of signer

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME: AYA HEALTHCARE LOCAL, LLC

FILE NUMBER: 201628010447
FORMATION DATE: 09/30/2016
TYPE: DOMESTIC LIMITED LIABILITY COMPANY
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.

FILED
17 DEC 19 PM 4:28
CLERK OF THE SECRETARY OF STATE
FALLS CHURCH, VIRGINIA



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 15, 2017.

ALEX PADILLA
Secretary of State

MKK