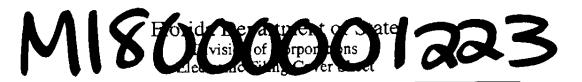
Division of Corporations

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## Foreign Limited Liability Company Neuro IOM Services, LLC

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Certified Copy	0
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 Neuro IOM Services, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C., " & "LUC.") (If name unavailable, order alternate name adopted for the purpose of manageting business in Florids. The alternate name mass include "Limited Liability Company," "LUC," or "LLC," or "LLC," 2. Delaware (FFI marker, if controlle) (Jurisduction under the law of which foreign limited (whilsty company is organized) (Date first transacted business in Florids, II prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine pensity liability) 6. One American Center 5. One American Center (Street Address of Principal Office) (Macing Address) 3100 West End Avenue, Suite 800 3100 West End Avenue, Suite 800 Nashville, TN 37203 Nashville, TN 37203 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporate Creations Network Inc. Name: 11380 Prosperity Farms Road #221E Office Address: Paim Beach Gardens (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 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. Caitlin Lazerus, Special 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: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Jeffrey T. Gray Manager Onc American Center
3100 West End Avenue, Suite 800
Nashville, TN 37203 Samuel Weinstein Manager One American Center 3100 West End Avenue, Suite 800 Nashville, TN 37203 (Lise 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 accompance with sention 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. Signature of an authorized person

Typed or minted name of signed

Caitlin Lazarus, Athorney-in Fact

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "NEURO IOM SERVICES, 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 FIFTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEURO IOM SERVICES, LLC" WAS FORMED ON THE THIRTY-FURST DAY OF DECEMBER, A.D. 2017.

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

Authentication: 202093795

Date: 02-05-18