118000002128

| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
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O SIRAMONS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 089873 109186B

AUTHORIZATION : Spille end

COST LIMIT : \$ 125.00

ORDER DATE: February 28, 2018

ORDER TIME : 5:04 PM

ORDER NO. : 089873-015

CUSTOMER NO: 109186B

FOREIGN FILINGS

NAME: CHSPSC ACO 1, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

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:

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:

| (, and of their | gn Limited Liability Company; must include "Limite | d Liability Company," "L.L.C.," or "ELC.") | |
|--|--|--|---|
| (If name unavailable, enter alternate | e name adopted for the purpose of transacting business in Flo | orida. The alternate name must include "Limited Lia | bility Company," "L.L.C," or "LLC.") |
| 2. Delaware | | 3. 82-1404527 | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | (FEI numb | er, if applicable) |
| 4. January 1, 2018 | | | |
| | (Date first transacted business in Florida, Il prior to (See sections 605 0904 & 605.0905, F.S. to determ | registration.) me penalty liability) | - |
| 5 4000 Meridian Blvd. | | 6 4000 Meridian Blvd | |
| (Street Address o | (Principal Office) | O. (Mailing Addr | ress) |
| Franklin, TN 37067 | | Franklin, TN 37067 | |
| 7. Name and street addr | ess of Florida registered agent: (P.O. Box | NOT acceptable) | 73.17 SEC |
| Name; | Corporation Service Company | | 新型 |
| Office Address: | 1201 Hays Street | | R-ILE |
| | Tallahassee | , Florida 32301 (Zip code | |
| | | and complete performance of my o | Roxanne Turner |
| | ns of my position as registered agent. By: Compression Sorvice Compression (Registered agent's | inhul | Roxanne Turner Asst. Vice Presiden |
| ind accept the obligation | ns of my position as registered agent. By: Comparation Service Comp | anyul signature) | Roxanne Turner |
| ind accept the obligation 8. The name, title or cap | By: Comporation Service Components (Registered agent's pacity and address of the person(s) who has | signature) us/have authority to manage is/are: | Roxanne Turner Asst. Vice Presiden |
| tnd accept the obligation 8. The name, title or cap Title or Capacity: | By: Comporation Service Components (Registered agent's pacity and address of the person(s) who has | signature) us/have authority to manage is/are: | Roxanne Turner Asst. Vice Presiden |
| tnd accept the obligation 8. The name, title or cap Title or Capacity: | By: Comporation Service Components (Registered agent's pacity and address of the person(s) who has | signature) us/have authority to manage is/are: | Roxanne Turner Asst. Vice Presiden |
| tnd accept the obligation 8. The name, title or cap Title or Capacity: | By: Comporation Service Components (Registered agent's pacity and address of the person(s) who has | signature) us/have authority to manage is/are: | Roxanne Turner Asst. Vice Presiden |
| and accept the obligation 8. The name, title or cap Title or Capacity: | By: Comporation Service Components (Registered agent's pacity and address of the person(s) who has | signature) us/have authority to manage is/are: | Roxanne Turner Asst. Vice Presiden |
| tnd accept the obligation 8. The name, title or cap Title or Capacity: | By: Comporation Service Components (Registered agent's pacity and address of the person(s) who has | signature) us/have authority to manage is/are: | Roxanne Turner Asst. Vice Presiden |
| 8. The name, title or cap Title or Capacity: See Attached | ns of my position as registered agent. By: Comporation Service Comporation (Registered agent's pacity and address of the person(s) who has Name and Address: | signature) s/have authority to manage is/are: | Roxanne Turner Asst. Vice Presider |
| 8. The name, title or cap Title or Capacity: See Attached (Use attachments if nece b. Attached is a certificate or capacity in the capacity i | ssary) e of existence, no more than 90 days old, of which it is organized. (If the certificate of my position as registered agent. (Registered agent's product of the person(s) who has a not of the person of the | signature) ss/have authority to manage is/are: Title or Capacity: duly authenticated by the official have | Roxanne Turner Asst. Vice Presider Name and Address: ving custody of records in the |
| 8. The name, title or cap Title or Capacity: See Attached (Use attachments if nece). Attached is a certificaturisdiction under the law of the translator must be seen | ssary) e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted) | signature) ss/have authority to manage is/are: Title or Capacity: duly authenticated by the official have is in a foreign language, a translation | Name and Address: ving custody of records in the on of the certificate under oath |
| 8. The name, title or cap Title or Capacity: See Attached (Use attachments if nece). Attached is a certificaturisdiction under the law of the translator must be so. This document is exer | ssary) e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted) cuted in accordance with section 605.0203 | cignature) is/have authority to manage is/are: Title or Capacity: duly authenticated by the official have is in a foreign language, a translation (1) (b), Florida Statutes. 1 am aware | Name and Address: ving custody of records in the on of the certificate under oath |
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| 8. The name, title or cap Title or Capacity: See Attached (Use attachments if nece). Attached is a certificaturisdiction under the law of the translator must be so (). This document is exert | ssary) e of existence, no more than 90 days old, of which it is organized. (If the certificate submitted) cuted in accordance with section 605.0203 to the Department of State constitutes a thi | cignature) is/have authority to manage is/are: Title or Capacity: duly authenticated by the official have is in a foreign language, a translation (1) (b), Florida Statutes. I am aware rd degree felony as provided for in s | Name and Address: ving custody of records in the on of the certificate under oath |

Managers:

Heath Phillips 4000 Meridian Blvd. Franklin, TN 37067

Michael Neuendorf 4000 Meridian Blvd. Franklin, TN 37067

Barry Moss 4000 Meridian Blvd. Franklin, TN 37067

Kristi Trimm 4000 Meridian Blvd. Franklin, TN 37067

Dwight Harper 4000 Meridian Blvd. Franklin, TN 37067

Vanessa Duncombe 4000 Meridian Blvd. Franklin, TN 37067

Randy Tillman 4000 Meridian Blvd. Franklin, TN 37067 Siverama Kotikalapudi 4000 Meridian Blvd. Franklin, TN 37067Sam Sawyer

Sam Sawyer 4000 Meridian Blvd. Franklin, TN 37067

Calvin Reid 4000 Meridian Blvd. Franklin, TN 37067

Pete Powell 4000 Meridian Blvd. Franklin, TN 37067

Mark Barnhart 4000 Meridian Blvd. Franklin, TN 37067

Diana Hagler 4000 Meridian Blvd. Franklin, TN 37067



Delaware

Page 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "CHSPSC ACO 1, 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-EIGHTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHSPSC ACO 1, LLC" WAS FORMED ON THE THIRD DAY OF MAY, A.D. 2017.

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

Authentication: 202230535

Date: 02-28-18