

# MIBOXXXXSSS

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

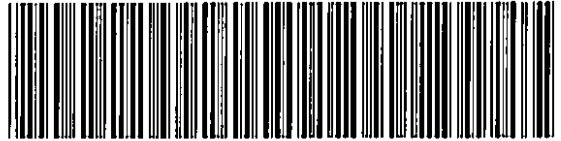
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only




500310449235

RECEIVED  
DEPARTMENT OF STATE  
18 MAR 14 AM 10:48

FILED  
2010 MAR 14 A 3:18  
FEDERAL RESERVE

3/15/1025

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

ACCOUNT NO. : I20000000195  
REFERENCE : 115511 7678797  
AUTHORIZATION :   
COST LIMIT : \$ 125.00

ORDER DATE : March 13, 2018  
ORDER TIME : 4:21 PM  
ORDER NO. : 115511-025  
CUSTOMER NO: 7678797

FOREIGN FILINGS

NAME: DAVITA HEALTH SOLUTIONS, 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: Emily Croft -- EXT# 62925

EXAMINER: \_\_\_\_\_

FILED  
2018 MAR 14 A 3:18  
TALLAHASSEE, FL 32301

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DaVita Health Solutions, 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:

Isabela Gaido, Corporate Paralegal

Name of Person

DaVita Inc.

Firm/Company

601 Hawaii Street

Address

El Segundo, CA 90245

City/State and Zip Code

subgov@davita.com

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

For further information concerning this matter, please call:

Isabela Gaido

310

536-2400

at ( )

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

FILED  
2019 MAR 14 A 6 19  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

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. DaVita Health Solutions, 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. Delaware 3. Applied  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Perpetual  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2000 16th Street, Attn: JLD/SecGovFin. 6. 601 Hawaii Street, Attn: JLD/SecGovFin.  
(Street Address of Principal Office) (Mailing Address)  
Denver, CO 80202 El Segundo, CA 90245

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: Emily Croft  
(Registered agent's signature)

Emily Croft  
Asst. Vice President

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:
See attached			

(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.

Arturo Sida  
Signature of an authorized person  
Arturo Sida, Assistant Secretary  
Typed or printed name of signer

**DaVita Health Solutions, LLC**

<b>Name</b>	<b>Title</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
Arturo Sida	Assistant Secretary	2000 16th Street	Denver CO	80202	
Chetan P. Mehta	Group Vice President	2000 16th Street	Denver CO	80202	
Javier J. Rodriguez	President	2000 16th Street	Denver CO	80202	
Kathleen A. Waters	Secretary	2000 16th Street	Denver CO	80202	
Michael J. Palecek	Chief Operating Officer	2000 16th Street	Denver CO	80202	
Michael J. Palecek	Manager	2000 16th Street	Denver CO	80202	
Patrick J. McKinnon	Treasurer	2000 16th Street	Denver CO	80202	

RECEIVED  
MAR 14 2019

613 W 111 WY 8102

FILED

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAVITA HEALTH SOLUTIONS, 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 THIRTEENTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DAVITA HEALTH SOLUTIONS, LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2016.

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

FILED  
2018 MAR 14 A 3:19  
DELAWARE SECRETARY OF STATE



6090764 8300

SR# 20181891380

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: 202312274

Date: 03-13-18