3/15/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180000849613)))



H180000849813ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

: (614)280-3338

Fax Number

: (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one: Amail: address please. **

Email Address:

Foreign Limited Liability Company SCP Eye Care Services, LLC

Certificate of Status	U
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

1/1

11 34

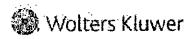
FAX COVER SHEET

FAX COVER SHEET		
TO	B .	
COMPANY	,	
FAXNUMBER	18506176383	
FROM	Kimberly Laughrey	
DATE	2018-03-15 13:48:22 CST	
RE	SCP Eye Care Services, LLC	•

COVER MESSAGE

Patrick Duffy Associate Fulfillment Specialist Global Fulfillment Operations CT Corporation

Team 614-280-3338 GlobalFulfillmentTeam@wolterskluwer.com



1209 Orange Street Wilmington, DE 19801. www.wolterskluwer.com

Confidentiality Notice: This email and its attachments (if any) contain confidential information of the sender. The information is intended only for the use by the direct addresses of the original sender of this email, it you are not an intended recipient of the original sender (or responsible for delivering the message to such person), you are hereby notified that any review, disclosure, copying, distribution or the taking of any action in reliance of the contents of and attachment; to this email is strictly prohibited, if you have received this small in error, please immediately notify the sender at the address shown herein and permanently delete any copies of this email (digital or paper) in your obsession.

...

95

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 POREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. SCP EYE CARE SERVICES, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, exter alternate name adopted for the purpose of transacting business in Florida. The alternate name trast induce "Limited Liability Company," "LLaC," or "LLaC," and "LLaC," or 2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 4. Upon Qualification (Date first quesacted business in Florida, if prior to registration.)
(See sections 605 0904 & 605 0905, F.S. to determine penalty liability) 5. I E. UPPER WACKER DRIVE, SUITE 400 1 E. UPPER WACKER DRIVE, SUITE 400 (Street Address of Principal Office) (Mailing Address) CHICAGO, IL 60601 CHICAGO, IL 60601 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ា ស្ងាក់ខាង C T CORPORATION SYSTEM Name: 1200 South Pine Island Road Office Address: Plantation 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 registerer agent and agree to act in this capaçiiys/I further ag to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and Fain familiar with and accept the obligations of the position as registered agents

Madonna Cucain Assistant 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: Chairman/President Justin Ishbia 1 E Upper Wacker Dr Ste 400 <u> Chicago, IL 60601</u> Vice President/Sec. Chris Mioton 1 E Upper Wacker Dr Stc 400 Chicago, IL 6060 (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. Signature of an authorized Ferros 7.1 Chris Mioton

Typed or printed name of signee

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SCP EYE CARE 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 FIFTEENTH DAY OF MARCH, A.D. 2018.

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

ųFi.

6290248 8300 SR# 20181948970

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Histoic v. Secretary of State

Authentication: 202328934

Date: 03-15-18