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| | Registration Section Division of Corporation | ns | | | | |
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| SUBJEC | HNI RESOURCES | . LLC | | | | |
| SOBJEC | | Name of | Limited Liability (| Company | | |
| | | | | | nnsact Business in Florida," Ce y company to transact business | |
| Please ret | turn all correspondence of | concerning this matter to the | following: | | | |
| | REBECCA SO | OLIS | | | | |
| | | - N | ame of Person | | | |
| | HNI HEALTH | CARE | | | | |
| | | Fi | rm/Company | | | |
| | 7500 RIALTO | BOULEVARD, BUILDING | 3 1. SUITE 140 | | | |
| | | | Address | | | |
| | AUSTIN, TEX | AS 78735 | | | | |
| | | City/S | tate and Zip Code | | | |
| | REBECCA@HN | | | | | |
| | | E-mail address: (to be used | d for future annual | report not | ification) | |
| For furthe | er information concernin | g this matter, please call: | | | | |
| | REBECCA SOLIS | | 956 at (| 878-60 | 74 | |
| - | Name o | of Contact Person | Area Code | Day | time Telephone Number | |
|]] | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Fl. 32314 | | | Division Registrati Clifton B 2661 Exe | ADDRESS: of Corporations ion Section uilding recutive Center Circle see, FL 32301 | |
| | is a check for the follow \$125.00 Filing Fee | ing amount: \$\Bigsim \text{\$\ext{\$\text{\$\$}\ext{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitin{\ext{\$\text{\$\}}\$}}}\$}}}}}}}}}}}}}}}}}}}}}}}}}}}}} | □ \$155.00 Filir Certified Copy | ng Fee & | ☐ \$160.00 Filing Fee, Certit of Status & Certified Copy | ilcate |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

| HNI RESOURCES, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "U.C.") | | | | | |
|--|--|--|---|--|--|
| (Name of Foreign | Limited Elability Company; must include "Limited | d Liability Company," "L.L.C., "or "U.D | C. } | | |
| (If name unavailable, enter alternate n | ame adopted for the purpose of transacting business in Flo | rida. The alternate name must include "Limited | Liability Company," "L.L.C," or "LLC,") | | |
| 2. TEXAS | | 3. 82-4034647 | | | |
| (Jurisdiction under the law of w | nich foreign limited liability company is organized) | | number, if applicable) | | |
| 4. | | | | | |
| | (Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine | registration.) ne penalty liability) | | | |
| 5. 7500 Rialto Blvd., Bld | | 6. 7500 Rialto Blvd., Bldg | 1, Suite 140 | | |
| (Street Address of I | rincipal Office) | (Mailing | Address) | | |
| Austin, Texas 78735 | | Austin, Texas 78735 | | | |
| 7. Name and street addres | ss of Florida registered agent: (P.O. Box | NOT acceptable) | | | |
| Name: | Corporation Service Company | · · · · · · | | | |
| Office Address: | 1201 Hays Street | | | | |
| | Tallahassee | , Florida <u>32301</u> | | | |
| Registered agent's accep | (City) | (Zip | code) | | |
| | ions of all statutes relative to the proper s of my position as registered agent. Anote Manne (Registered agent's a | Sarah Thomas | | | |
| 8 The name title or cans | ncity and address of the person(s) who ha | | ۵٠ | | |
| Title or Capacity: | Name and Address: | Title or Capacity: | Name and Address: | | |
| Member | Hospitalists Now, Inc. | President/CEO | Michael Gonzales | | |
| | 7500 Rialto Blvd, Bldg 1 Ste 140, Austin, TX 78735 | - | 7500 Rialto Blvd, Bldg 1 Ste 140, Austin, TX 78735 | | |
| | | CFO | Scott Klosterman | | |
| | | | 7500 Rialto Blvd, Bldg 1 Ste 140, Austin, TX 78735 | | |
| (Use attachments if neces | sary) | | | | |
| | of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted) | | | | |
| 10. This document is exec submitted in a document to | uted in accordance with section 605.0203 the Department of State constitutes a thi | (1) (b), Florida Statutes. I am av rd degree felony as provided for | ware that any false information in s.817.155, F.S. | | |
| | Scott Klosterman | of an authorized person | | | |

Typed or printed name of signee

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. HNI RESOURCES, LI (Name of Foreign | _C Limited Liability Company; must include "Limited | Liability Company," "L.L.C.," or "LLC | |
|--|---|--|---|
| (If name unavailable enter alternate of | name adopted for the purpose of transacting business in Flor | ida. The alternate name must include "Limited | Liability Company," "L.L.C," or "LLC.") |
| 2. TEXAS | <u></u> | 3. 82-4034647 | |
| 2. (Jurisdiction under the law of w | huch foreign limited liability company is organized) | J(FEI m | umber, if applicable) |
| 4 | (Date first transacted business in Florida, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine | egistration.) | |
| 5 7500 Rialto Blvd., Bld | | | 1, Suite 140 |
| (Street Address of) | | 6. 7500 Rialto Blvd., Bldg (Mailing A | ddress) |
| Austin, Texas 78735 | | Austin, Texas 78735 | |
| | 470 A (D.O. Davi | NOT | 元级 18 |
| Name and <u>street addres</u> Name: | ss of Florida registered agent: (P.O. Box Corporation Service Company | NOT acceptable) | HAR 22 CREATES |
| Office Address: | 1201 Hays Street | | 22 23 553 |
| Office Fladicial. | Tallahassee | , Florida 32301 (Zipo | mo 📜 |
| designated in this applicate to comply with the provision | rgistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent. | registered agent and agree to a and complete performance of m Sarah Thomas, Assistant Secretary | ct in this capacity. I further agree |
| | (Registered agent's si | gnaturo) | |
| 8. The name, title or capa <u>Title or Capacity:</u> | ncity and address of the person(s) who has Name and Address: | s/have authority to manage is/are <u>Title or Capacity:</u> | Name and Address: |
| Member | Hospitalists Now, Inc. | President/CEO | Michael Gonzales |
| | 7500 Rialto Blvd, Bldg 1 Ste 140, Austin, TX 78735 | | 7500 Rialto Blvd, Bldg 1 Ste 140, Austin, TX 78735 |
| | | CFO | Scott Klosterman |
| | | | 7500 Rialto Blvd, Bldg 1 Ste 140, Austin, TX 78735 |
| (Use attachments if neces | sary) | | |
| jurisdiction under the law of the translator must be st | | is in a foreign language, a transl | ation of the certificate under oath |
| 10. This document is exec submitted in a document to | uted in accordance with section 605.0203 the Department of State constitutes a thir | (1) (b), Florida Statutes. I am aw d degree felony as provided for i | are that any false information n s.817.155, F.S. |
| | Signature o | fan authorized person | _ |
| | Scott Klosterman | | |
| | | oristed name of signee | |

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for HNI Resources, LLC (file number 802903000), a Domestic Limited Liability Company (LLC), was filed in this office on January 09, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 08, 2018.



RR

Rolando B. Pablos Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID: 10264 Document: 793075730002



HNIhealthcare.com

phone 512 730 3060 fax 512 215 8124

7500 Rialto Boulevard Building 1 | Suite 140 Austin, Texas 78735

March 19, 2018

Via US Priority Mail

Division of Corporations
Registration Section
FLORIDA DEPARTMENT OF STATE
P. O. Box 6327
Tallahassee, FL 32314

RE: Application for Authorization to Transact Business in Florida

HNI Resources, LLC, a Texas limited liability company

To whom it may concern:

Enclosed for consideration, please find the following documents:

- 1. Cover Letter:
- 2. Application for Authorization to Transact Business in Florida:
- 3. Certificate of Fact; and
- 4. Check in the amount of \$125.00, payable to Florida Department of State, representing the filing fee.

Should you have any questions or require any additional information, please feel free to contact me by telephone (956) 878-6074 or email rebecca@hnihe.com.

Very truly yours

Rebecca A. Solis. General Counsel

RAS/tm

Enclosures: as stated herein

Corporations Section , P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

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Rolando B. Pablos Secretary of State

Dial: 7-1-1 for Relay Services Document: 793075730002