

From:

04/13/2018 15:49

#984 P.001/003

Division of Corporations

Page 1 of 2

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : COGENCY GLOBAL, INC.
Account Number : 120000000088
Phone : (800) 221-0102
Fax Number : (800) 944-6607

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

Email Address: _____

**Foreign Limited Liability Company
LUCENT HEALTH CARE MANAGEMENT, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Help

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04/13/2018 15:49

#984 P.003/003

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. LUCENT HEALTH CARE MANAGEMENT, 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. DE 3. _____
(Jurisdiction under the law of which the foreign limited liability company is organized) (FBI number, if applicable)
4. Upon filing
(Date first transacted business in Florida (if prior to registration)
(See sections 605.0903 & 605.0905, F.S. to determine penalty liability)
5. 211 Commerce Street Suite 601 6. _____
(Street Address of Principal Office) (Mailing Address)
Nashville, TN 37201

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4
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.

Ann Marie Cummins
(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:
<u>MANAGER</u>	<u>BRETT RODEWALD</u> <u>211 Commerce Street Suite 601</u> <u>Nashville, TN 37201</u>	<u>MANAGER</u>	<u>ALEX ARNET</u> <u>211 Commerce Street Suite 601</u> <u>Nashville, TN 37201</u>
<u>MANAGER</u>	<u>DOUG THOMPSON</u> <u>211 Commerce Street Suite 601</u> <u>Nashville, TN 37201</u>		

(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.

Douglas Thompson
(Signature of an authorized person)

Douglas Thompson
(Typed or printed name of agent)

From:

04/13/2018 15:49

#984 P.002/003

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LUCENT HEALTH CARE MANAGEMENT, 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-THIRD DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUCENT HEALTH CARE MANAGEMENT, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2017.

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



6525381 8300

SR# 20180441762

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202020485

Date: 01-23-18