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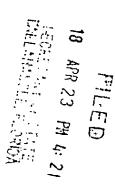
| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | <u> </u> |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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O SIMMONS APR 2 4 2018

COVER LETTER

| TO: | Registration Section Division of Corporation | ns | | | <i>*</i> | |
|------------------|--|---|---|---|---|--------------------------------|
| SUBJI | | HEALTH NETWORK LLC | | | | |
| SOBJ | BC1. | Name of | Limited Liability C | ompany | | |
| The en | nclosed "Application by Fornce, and check are submitted | reign Limited Liability Comp ed to register the above refero | pany for Authorizat enced foreign limite | tion to Tra | nsact Business in Florida," C company to transact busines | ertificate of s in Florida. |
| Please | return all correspondence | concerning this matter to the | following: | | | |
| | DANIEL ROD | RIGUEZ | | | | |
| | | N | ame of Person | | | |
| | HCAS LLC | | | | | |
| | | F | rm/Company | | | |
| | 8323 NW 12 S | T, SUITE 204 | | | | |
| | | | Address | | | |
| | DORAL, FL 3 | 3126 | | | | |
| | | City/S | tate and Zip Code | <u> </u> | | |
| | DANNY@HCA | STECHNOLOGY.COM | | | | |
| | | E-mail address: (to be use | d for future annual | report not | ification) | |
| For fu | rther information concernir | ng this matter, please call: | | | | |
| DANIEL RODRIGUEZ | | 786 at (| 441-850 | | | |
| | Name | of Contact Person | Area Code | Day | rtime Telephone Number | |
| | MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 | _ | | Division Registrate Clifton B 2661 Exc | CADDRESS: of Corporations ion Section uilding centive Center Circle see, FL 32301 | |
| Enclos | sed is a check for the follow S125.00 Filing Fee | ving amount: S130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin Certified Copy | g Fee & | ☐ \$160.00 Filing Fee, Cert of Status & Certified Copy | |

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:

| S260 SW 204 ST (Street Address of Prince CUTLER BAY, FL 33189) | | | number, if applicable) |
|--|--|--|------------------------|
| 8260 SW 204 ST (Street Address of Princ | (Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determine) Office) | to registration.) mine penalty liability) | number, it applicable) |
| (Street Address of Princ | ipal Office) | | |
| (Street Address of Princ | ipal Office) | | |
| (Street Address of Princ | | 8260 SW 204 ST | |
| (Street Address of Princ | | 6 0200 3 11 20 1 3 1 | |
| CUTLER BAY, FL 33189 |) | (Mailing | |
| | | CUTLER BAY, FL 331 | 89 |
| | | | |
| | | | CR. |
| Name and street address o | f Florida registered agent: (P.O. Be | ox <u>NOT</u> acceptable) | 景 五 |
| Name: | ANIEL RODRIGUEZ | | 1 23 |
| _ | 240 SW 204 ST | | |
| Office Address: 8 | 260 SW 204 ST | | 平 里 |
| C | CUTLER BAY | Florida <u>33189</u> | 1 2 |
| = gistered agent's acceptar | (City) | (Zip | code) 👺 |
| | | Nacc. | |
| | (Registered agen | (a signature) | |
| The name, title or canacit | | | |
| | | has/have authority to manage is/ar | |
| Title or Capacity: | Name and Address: | has/have authority to manage is/ar <u>Title or Capacity:</u> | e: Name and Address: |
| | Name and Address: DANIEL RODRIGUEZ | | |
| Title or Capacity: | Name and Address: | | |
| Title or Capacity: | Name and Address: DANIEL RODRIGUEZ 8260 SW 204 ST | | |
| Title or Capacity: | Name and Address: DANIEL RODRIGUEZ 8260 SW 204 ST | | |
| Title or Capacity: | Name and Address: DANIEL RODRIGUEZ 8260 SW 204 ST | | |
| Title or Capacity: | Name and Address: DANIEL RODRIGUEZ 8260 SW 204 ST CUTLER BAY, FL 33189 | | |

Typed or printed name of signce

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

DELAWARE, DO HEREBY CERTIFY "CHIROPRACTOR HEALTH NETWORK 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 SIXTH DAY OF APRIL, A.D. 2018.



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SR# 20182012036

Authentication: 202468545 Date: 04-06-18

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