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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 176854 7933620
AUTHORIZATION: Spelle was
COST LIMIT : \$125,00
ORDER DATE : April 23, 2018
ORDER TIME: 8:30 AM
ORDER NO. : 176854-005
CUSTOMER NO: 7933620
FOREIGN FILINGS NAME: HLS CARE HOLDINGS, LLC
XXXX QUALIFICATION (TYPE: <u>LL</u>)
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:

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:

Of name travallable, cuter aftername t	name adopted for the purpose of transacting business in	Florida The a	heroste name usest include "Limited Li	ability Company," "LLC," or "LLC,")
o Delaware		3.		
	thich forcego limited balvility company is organized)		(FE ucon	river, if apprisonable)
4 upon filing				
·	(Dute first transacted besiness in Florida, of prior (See sections 605,0904 & 605 0905, F.S. to deb	ermine penalty	n) hatabry)	
5. 20801 Biscayne Blvd.		6.	20801 Biscayne Blvd.	
(Suex Address of Aventura, FL 33180	Principal Office)		Aventura, FL 33180	(arces)
7. Name and street addre	ss of Florida registered agent: (P.O. B	Box <u>NQT</u>	acceptable)	
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			
Office Address.				
	Tallahassee (C#y)		, Florida 32301 (Zıp ∝	ode)
Having been named as re designated in this applica- to comply with the provis	ptauce: egistered agent and to accept service o ation, I hereby accept the appointmen tions of all statutes relative to the proj as of my position as registered agent.	ıt as regist	for the above stated limite ered agent and agree to ac	ed liability company at the place it in this capacity. Ligarther ag duties, and I am Jamiliar with
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designated in this application comply with the provisand accept the obligation. 8. The name, title or cap Title or Capacity: MGR (Use attachments if necessary in the compaction of the translator must be seen to the formula of the translator must be seen to compact the law of th	ptance: egistered agent and to accept service ation, I hereby accept the appointment ions of all statutes relative to the project of my position as registered agent. Corporation Service Company By: (Registered agent accity and address of the person(s) who Name and Address: HL Services Care, LLC 1000 N. West St., Suite 12 Wilmington, DE 19801 essary) e of existence, no more than 90 days of of which it is organized. (If the certifications)	of as regist per and co	authority to manage is/are: itile or Capacity: athenticated by the official has foreign language, a translate), Florida Statutes. I am away	Emily Croft Sst. Vice President Nume and Address: aving custody of records in the ation of the certificate under oa are that any false information



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

DELAWARE, DO HEREBY CERTIFY "HLS CARE HOLDINGS, LLC" IS DULY FORMED

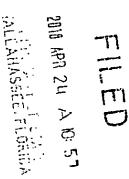
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-THIRD DAY OF APRIL, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HLS CARE HOLDINGS, LLC" WAS FORMED ON THE NINTH DAY OF APRIL, A.D. 2018.

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





Authentication: 202561336

Date: 04-23-18