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J. LEGGETT .MAY 03 2018

COVER LETTER

TO: Registration Section Division of Corporations

IMPLEMENTATION MANAGEMENT ASSISTANCE, LLC

SUBJECT:

.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

JULIA RICHIE SAMMIN, ESQ.

Name of Person

SEMANOFF ORMSBY GREENBERG & TORCHIA, LLC

Firm/Company

2617 HUNTINGDON PIKE

Address

HUNTINGDON VALLEY PA 19006

City/State and Zip Code

JSAMMIN@SOGTLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIA RICHIE SAMM	IIN	215 at ()	887-0200	
Name	of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS		<u>s</u>	STREET ADDRESS:	
Division of Corporation	S	I	Division of Corporations	
Registration Section		F	Registration Section	
P.O. Box 6327		(Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle		
		T	Tallahassee, FL 32301	
Enclosed is a check for the follow	ving amount:			
🖬 \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	Certified Copy	Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY CON IN PI	MPANY FOR AUTHORIZATION TO TRANS LORIDA	JACT BUSINESS
IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE F COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;	OLLOWING IS SUBMITTED TO REGISTER A FOREIGI	N LIMITED LIABILITY
1. IMPLEMENTATION MANAGEMENT ASSISTANCE, LLC		
(Name of Foreign Limited Liability Company; must include "Limit	ed Liability Company," "LLC.," or "LLC.")	
(If as me universitable, enter electronic manne adopted for the purpose of transacting bevinces is Fi 2. PENNSYLVANIA (Includentian under the law of which foreign limited liability company is organized) 4.	oride. The alternate mana multisclude "Limited Liability Company," " 3. 23-2949437 (FEI number, If applicable)	
(Date first transacted business in Florids, if prior to (See sections 605.0984 & 605.0905, F.S. to determ) registration.) nine praety kability)	, en
5 6 HILLMAN DRIVE	6. · 6 HILLMAN DRIVE	· · · · · · · · · · · · · · · · · · ·
(Street Address of Principel Office)	(Malling Address)	
SUITE 100	SUITE 100	
CHADDS FORD PA 19137	CHADDS FORD PA 19137	

Name:	CT Corporation System	······································	6	;
Office Address:	1200 South Pine Island Road	<u> </u>		÷
	Plantation	, Florida	_	•
	(City)	(Zip cads)		ł
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to comply with the provision	ns of all statutes relative to the proper an of my position as registered agent.	d complete performance of my duille		
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to comply with the provisio and accept the obligations	ns of all statutes relative to the proper an of my position as registered agent.	d complete performance of my dutle	es, and I am famillar with	
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(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 person Michael Tedesco. CFO, Treasurer, and Secretary

Typed or printed imme of signee

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

04/19/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Implementation Management Assistance, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC180419121209-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify



Montgomery County Office 2617 Huntingdon Pike Huntingdon Valley, PA 19006-5125 (215) 887-0200 Bucks County Office 140 East Butler Avenue Chalfont, PA 18914

(215) 822-5600

www.sogtlaw.com

April 27, 2018

Via Federal Express Florida Department of State Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: <u>Merger of Health Check Audit LLC and Implementation Management</u> <u>Assistance, LLC</u>

Dear Sir or Madam:

Enclosed for filing are the following:

- 1. Cover Letter
- 2. Articles of Merger
- 3. \$50 Filing Fee for Articles of Merger
- 4. Cover Letter
- 5. Application by Foreign Limited Liability Company for Authorization
- 6. Pennsylvania Subsistence Certificate
- 7. \$125 Filing Fee for Application by Foreign Limited Liability Company for Authorization

Kindly file the above and forward confirmation of the filing to my attention in the enclosed prepaid Fedex envelope. If you have any questions, please do not hesitate to contact me at 215-887-0200.

Sincerely,

-> Mi lan

Kathleen A. McClay Paralegal

Enclosures

c: Julia Richie Sammin, Esquire (w/o encl.)