

M18000004535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

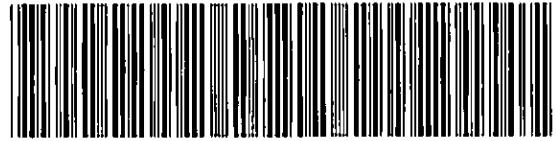
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100313075301

3008130753010

STATE DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

MAY 10 PM 1:36

FILED

MAY 10 PM 3:42

MAY 11 2010
J. HARRIS

CT Corp.

**3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724**

Date: 05/10/2018

Acc#I20160000072



Name:	Perry Community Hospital, LLC
Document #:	
Order #:	10964919

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing:	Certified:
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 155

Thank you!

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. Perry Community Hospital, 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. TENNESSEE (Jurisdiction under the law of which foreign limited liability company is organized) 3. 82-4911999 (FEI number, if applicable)

4. Upon Qualification
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2718 Squirrel Hollow Drive (Street Address of Principal Office)
Linden, TN 37096

6. 13630 NW 8th Street (Mailing Address)
Suite 215
Sunrise, FL 33325

FILED
 MAY 10 PM 1:36
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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

Name: CT CORPORATION SYSTEM

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

BY: CT Corporation System *(Carroll Bryant)*
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>President</u>	<u>Nelandes Coles</u> <u>13630 NW 8th Street, Ste 215</u> <u>Sunrise, FL 33325</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.

Nelandes Coles
Signature of an authorized person

Nelandes Coles
Typed or printed name of signee



Tre Hargett
Secretary of State

**Division of Business Services
Department of State**

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CT CORPORATION
2390 E CAMELBACK ROAD
PHOENIX, AZ 85016

May 10, 2018

Request Type: Certificate of Existence/Authorization
Request #: 0276557

Issuance Date: 05/10/2018
Copies Requested: 1

Document Receipt

Receipt #: 004078655 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3730018339 \$20.00

Regarding: PERRY COMMUNITY HOSPITAL, LLC
Filing Type: Limited Liability Company - Domestic Control #: 307802
Formation/Qualification Date: 02/22/1996 Date Formed: 02/22/1996
Status: Active Formation Locale: TENNESSEE
Duration Term: Expires: 12/31/2025 Inactive Date:
Business County: PERRY COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

PERRY COMMUNITY HOSPITAL, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 027782836