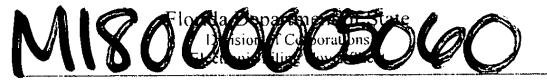
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Division of Corporations



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## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. MED BILL, L.L.C. (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") MedBill Advantage LLC Of name unavailable, once about no name occupied for the purpose of transacting burners in Florids. The alternion more must include "Linsted Linksby Company," "L. L.C," or "LLC") 2. Delaware (rfa number, if applicable) (Jurisdiction under the law of which foreign limited hability company is organized) 经验 05/07/2018 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0934-5, 505,0903, P.S. to determine ponalty liability) (Mailing Address) (Street Address of Principal Office) 1616 Village Harbor Drive 1616 Village Harbor Drive **CLOVER, SC, 29710, US** CLOVER, SC, 29710, US 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: 54 , Florida 33324 Plantation 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. Ryan Unlerwood, Assistant Secretary C T Corporation System / By: 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: Keith Kuhn Managing Director Manging Director Chris Delposen 1615 Vitage Herbor Drive 1616 Village Harbor Drive Clover, SC 29710 Clover, SC 29710 (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 1-lony as provided for in s.817.155, F.S. Aria Delposen Signature of anduthorized jurson

Chris Delposen, Managing Director

Typod or primed name of pignee



Page 1

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

DELAWARE, DO HEREBY CERTIFY "MED BILL, I.L.C." 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 MAY, A.D. 2018.

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

State State

*L*\* .

Authentication: 202750218

Date: 05-23-18