

9/27/2018

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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**Foreign Limited Liability Company
Clinical Education Shared Services, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filing Menu

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K. SALY

SEP 28 2018

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Ranae McGraw
DATE	2018-09-27 12:59:33 CST
RE	Clinical Education Shared Services, LLC

COVER MESSAGE

Thank You,

Aubrey Weibel
Fulfillment Specialist
CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com



Wolters Kluwer

1209 N Orange Street
Wilmington, DE 19801
www.wolterskluwer.com

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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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Clinical Education Shared Services, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Tennessee 3. 38-4089590
(Jurisdiction under the law in which foreign limited liability company is organized) (FEI number, if applicable)

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

5. One Park Plaza 6. PO Box 750
(Street Address of Principal Office) (Mailing Address)
Nashville, TN 37203 Nashville, TN 37202

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

Name: C T 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: Nathan S. Giffin Asst. Secretary
(Registered agent's signature)

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:
Manager	<u>Samuel N. Hazen</u> <u>One Park Plaza</u> <u>Nashville, TN 37203</u>	Manager	<u>John M. Frack II</u> <u>One Park Plaza</u> <u>Nashville, TN 37203</u>
Manager	<u>Christopher F. Wyatt</u> <u>One Park Plaza</u> <u>Nashville, TN 37203</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.

Natalie H. Cline
Signature of an authorized person

Natalie H. Cline, Authorized Person
Typed or printed name of signer



Tre Hargett
Secretary of State

FILED
18 SEP 27 AM 2:50
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

August 16, 2018

Request Type: Certificate of Existence/Authorization
Request #: 0286307

Issuance Date: 08/16/2018
Copies Requested: 1

Document Receipt

Receipt #: 004243915 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3737741157 \$20.00

Regarding:	Clinical Education Shared Services, LLC	Control #:	977363
Filing Type:	Limited Liability Company - Domestic	Date Formed:	08/01/2018
Formation/Qualification Date:	08/01/2018	Formation Locale:	TENNESSEE
Status:	Active	Inactive Date:	
Duration Term:	Perpetual		
Business County:	DAVIDSON 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

Clinical Education Shared Services, 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 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

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