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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

Email Address:_

: (614)280-3338

: (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for future $\overline{\mathcal{D}}$ annual report mailings. Enter only one email address please. **

Foreign Limited Liability Company

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

Clinical Education Shared Services, LLC

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K. SALY SEP 28 2018

FAX COVER SHEET

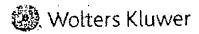
TO		_
COMPANY		
FAXNUMBER	18506176383	
FROM	RanaeMcGraw	
DATE	2018-09-27 12:59:33 CST	
RE	Clinical Education Shared Services, LLC	

COVER MESSAGE

Thank You,

Aubrey Weibel Fulfillment Specialist CT Corporation

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



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

Clinical Education Shar	ed Services, LLC		
(Name of Foreign	Limited Liability Company: must irelade "Limited	d Liability Contently, " a L. L. C., " or "LLC.")	
name marrafable, enter eltetrisis na	ime adopted for the purpose of reseaseing business in Flor	nda. The alternate tame turns include "Limited Liab	ility Company, "1, L.C." or "LLC."
Tennessee		3 38-4089590	
	ich foreign heided linbility company is organized)	(l'Illiana)	ir, if applicable)
	(Distribution) Clear transacted teniness in Florida, if prior to (Sae sections 605 0904 & 601 0903, F.S. to determine		2
One Park Plaza		6. PO Box 750 (Naibus Adden	
(Saca Achesent P Nashville, TN 37203	vwcipal Office)	Nashville, TN 37202	
114411110, 111 31 203			T
			0
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	골
Nanic:	C T Corporation System		7
Office Address:	1200 South Pine Island Road		
	Plantation	Florida 33324 (Zip code	
	(Cm)	(Zip code	·)
	n C Compagned Rem	Nothan & Giffin Acet Secret.	arv
	By: Yak 78 Service	Nathan S. Giffin Asst. Secret	ary
The name, title or caps Title or Capacity:	neity and address of the person(s) who has Name and Address:	tigrati.(c)	Name and Address:
	neity and address of the person(s) who he	ங்குகள்க) is/have authority to manage is/are:	Name and Address: John M. Franck II
Title or Capacity:	neity and address of the person(s) who he Name and Address:	ங்கூரும் ps/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:
Title or Capacity: Manager	Name and Address: Samuel N. Hazen One Park Plaza Nashville, TN 37203	ங்கூரும் ps/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address: John M. Franck II One Park Plaza
Title or Capacity:	ncity and address of the person(s) who has Name and Address: Samuel N. Hazen One Park Plaza Nashville, TN 37203 Christopher F. Wyatt One Park Plaza	ங்கூரும் ps/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address: John M. Franck II One Park Plaza
Title or Capacity: Manager	neity and address of the person(s) who has Name and Address: Samuel N. Hazen One Park Plaza Nashville, TN 37203 Christopher F. Wyatt	ங்கூரும் ps/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address: John M. Franck II One Park Plaza
Title or Capacity: Manager Manager	Samuel N. Hazen One Park Plaze Nashville, TN 37203 Christopher F. Wyalt One Park Plaza Nashville, TN 37203	ங்கூரும் ps/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address: John M. Franck II One Park Plaza
Manager Manager Manager Manager Attachments if neces attachments a certificate is diction under the law	Samuel N. Hazen One Park Plaza Nashville, TN 37203 Christopher F. Wyatt One Park Plaza Nashville, TN 37203 sary) of existence, no more than 90 days old, of which it is organized. (If the certificat	signature) is/have authority to manage is/are: Title or Capacity: Manager duly nuthenticated by the official ha	Name and Address: John M. Franck II One Park Plaza Nashyille, TN 37203
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FILED

18 SEP 27 AH 2D50ision of Business Services SECRETARY OF STATE Department of State
PALLAHASSEE, FLORIDA, State of Tennessee

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

Tre Hargett Secretary of State

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:

Document Receipt

Receipt #: 004243915

Payment-Credit Card - State Payment Center - CC #: 3737741157

Regarding: Filing Type:

Duration Term:

Clinical Education Shared Services, LLC Limited Liability Company - Domestic

Formation/Qualification Date: 08/01/2018

Status:

Active Perpetual

Business County: DAVIDSON COUNTY

Filing Fee:

\$20.00

\$20.00

Control # : Date Formed: 977363 08/01/2018

Formation Locale: TENNESSEE

Inactive Date:

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.

Secretary of State

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