

M1800000 9550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

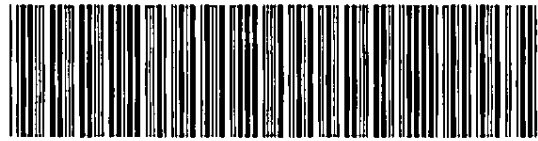
(Business Entity Name)

(Document Number)

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SECTION 1
DIVISION OF CORPORATIONS
18 OCT 15 PM 3:31

2018 OCT 15 PM 10:21

10/23/18

**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. VERSALUS HEALTH MANAGEMENT, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. PENNSYLVANIA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 30-0954711
(FEI number, if applicable)
4. May 7, 2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 17 CAMPUS BLVD., SUITE 200
(Street Address of Principal Office)
NEWTOWN SQUARE, PA 19073
6. 17 CAMPUS BLVD., SUITE 200
(Mailing Address)
NEWTOWN SQUARE, PA 19073

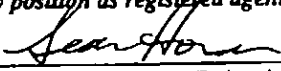
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301
(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.


(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>CFO</u>	<u>FURRUKH MUNAWAR</u> <u>17 CAMPUS BLVD., SUITE 200</u> <u>NEWTOWN SQUARE, PA 19073</u>	<u>CEO</u>	<u>ROBERT CORRATO</u> <u>17 CAMPUS BLVD., SUITE 200</u> <u>NEWTOWN SQUARE, PA 19073</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>
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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

FURRUKH MUNAWAR, CFO

Typed or printed name of signee

18 OCT 15 PM 3:32
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

09/18/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Versalus Health Management, 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: TSC180918131274-1

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