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D. SCOTT JAN 9 2019



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 01/08/2019	
Name: Marisa Kugelmann	
Reference #:	
Entity Name: HEALTHNOW ADMINISTRATIVE SEF	RVICES, LLC
✓ Articles of Incorporation/Authorization to Transact Busines ☐ Amendment	2019 JAN -8 CECHETARY TALLAHASSE
<ul><li>☐ Change of Agent</li><li>☐ Reinstatement</li><li>☐ Conversion</li></ul>	8 P D 02 RY OF CIVIL SEC. FLORIDA
☐ Merger ☐ Dissolution/Withdrawal	
<ul><li>☐ Fictitious Name</li><li>✓ Other Certified Copy upon filing</li></ul>	
Authorized Amount: \$155.00 Signature:	

F: •852.2682.9790



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Account#: 120000000088

Date:	01/08/2019			
	Marisa Kugelmann			
Reference #	1032098			
	HEALTHNOW ADMINI	STRATIVE SERVICES, LL	.C	
<b>✓</b> Article	es of Incorporation/Authorization t	o Transact Business		
Amen	dment			
☐ Chan	ge of Agent	TALL.	2019	
☐ Reins	tatement		8 - NAU 6102	1
☐ Conve	ersion	(N -		
☐ Merge	er		ಧ	Ų
☐ Disso	lution/Withdrawal	5	02	
☐ Fictition	ous Name			
✓ Other	Certifie	d Copy upon filing		_
Authorized A Signature: <u>Y</u>	mount: \$155.00			

F: 800.944.6607

F: +852.2682.9790

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	L'HON BODONE, PUNILA STATUTEN, THE L'SINESS INTRE STATUTE FLORICA:	rcais-was t	S SC EMITTEL	J TO NEGISTERA	TPUREUN UMITE	DLIABILIT
1	BROKERAGE CO					
(Name of Foreign	Limited Liability Company; must include "Limi					_
	HealthNow Administra	ative Se	ervices,	, LLC		
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in h	lorida. The alternat	e name must inch	ude "Limited Liability (	Company,,, "L.L.C.,, or "L	<u>(C)</u>
Delaware		3	1	11-3667763		
thursdiction under the law of w	hich foreign limited liability company is organized)	.1,		(FEI number, if applicable)		_
I.	NA					
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Honda if prior ( (See sections 605 0904 & 605 0905, F.S. to deter	o registration.) mine penalty liabili	(è)		<del>-</del>	
١.	Drive, Suite 301	<sub>6.</sub> <u>8</u> 0	)1 Lake		e, Suite 301	
(Street Address of I	Principal Office)		•	(Mailing Address)		
Blue Bell	, PA 19422		Blue	Bell, PA	19422	
					•	_
		_			7	_
Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> accep	ntable)		DIB JAN	-17
					ASA -	بنسيرم
Name:	COGENCY GLOBA	AL INC			अर्थ क	
reality.			_		THE T	ワ
Office Address:	115 North Calhoun St	l. Suite	<b>4</b> —		E OR	
	Tallahassee	<b>;</b>	. Florida	32301	27	
	(City)		, r ksida ,	(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.

(Reputered spenil's (sprawe)

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: Vice President David Busch 801 Lakeview Drive, Suite 301 Blue Bell, PA 19422 (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 \$.817.155, F.S. **David Busch** 

Typed or printed name of signee

Page 1

## Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BROKERAGE CONCEPTS, LLC" 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-EIGHTH DAY OF DECEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BROKERAGE CONCEPTS, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 2018.

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

7211202 8300 SR# 20188401413

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204191458

Date: 12-28-18