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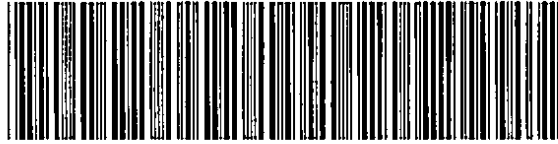
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Axiva Medical Center, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Colleen Stacy Shapiro

Name of Person

Axiva Medical Center, LLC

Firm/Company

3420 Fairlane Farms Road, Suite 200

Address

Wellington, FL

City/State and Zip Code

sshapiro@nfcflc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacy Shapiro

561 955-0920
at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2018

COLLEEN STACY SHAPIRO
AXIVA MEDICAL CENTER, LLC
3420 FAIRLAND FARMS RD., SUITE 200
WELLINGTON, FL 33414

SUBJECT: AXIVA MEDICAL CENTER, LLC
Ref. Number: W18000102475

We have received your document for AXIVA MEDICAL CENTER, LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Brenda L Vorisek
Director

Letter Number: 518A00024180

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. Axiva Medical Centers, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

2. Delaware 3. pending
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 3420 Fairlane Farms Road 6. PO Box 273369
(Street Address of Principal Office) (Mailing Address)
Wellington, FL 33414 Boca Raton, FL 33427

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

Name: Colleen Stacy Shapiro
Office Address: 3420 Fairlane Farms Road
Wellington, Florida 33414
(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.

Colleen S Shapiro
(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:
<u>MGRM</u>	<u>Colleen Shapiro</u>		
	<u>3420 Fairlane Farms Rd, Ste 200</u>		
	<u>Wellington FL 33414</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.

Colleen S Shapiro
Signature of an authorized person

Colleen S Shapiro
Typed or printed name of signee

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AXIVA MEDICAL CENTERS, 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 NINTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AXIVA MEDICAL CENTERS, LLC" WAS FORMED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2018.

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

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Jeffrey W. Bullock, Secretary of State

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SR# 20190158810

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

Authentication: 202047916

Date: 01-09-19