Florida Department of State

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| | Foreign Limited Liab | oility Company | |
| | Signify Health Medical | Associates, PLLC | |
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Electronic Filing Menu

Corporate Filing Menu

Help

111

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

| | | | 5.0902, FLORIDA STATUTES, THE FO INTHE STATE OF FLORIDA: | LLOWN | G IS SUBMITTED TO REGIST | FR A FOREIGN LIMITED LIABI | ILTY |
|------------|---|-------------------------|---|-------------------------------|--|---|----------|
| • | - | Limited t | .izhility Compuny, must include "Limited | Liability | Company," "L.L.C.," or "LLC.") | | |
| | Signify Health Medical Asso | | | | | | |
| | | erno adopti | d for the purpose of transacting basiness in Flori | ida, The alte | | 5 lity Company," "LLL,C," or "LLC.") | |
| 2 | Texas (Jurisdiction under the law of w | h'ch fur cip | imited liability correctly is organized) | 3. | 83-3208954 (FEI mimb | er, if applicable) | |
| 4. | | (Dar (See | e first transacted business in Florida, if grior to re sections 605,0904 & 605,0905, F.S. to determin | egistration.) ic penalty k | ubility) | | |
| 5. | 1999 Bryan Street | | | | 1405 Valley View Lane | | |
| J. | (Street Address of | Thicipal O | filoe) | • | (Merling Add) | (TS) | |
| | Suite 900 | | <u> </u> | _ | Ste 400 | | |
| | Dallas, Texas, 75201 | | ······································ | | Dallas, Texas, 75244 | | |
| 7. | Name and street addres | ss of Flo | orida registered agent: (P.O. Box | NOT ac | ceptuble) | | |
| | Name: | CTC | Corporation System | | | | |
| | Office Address: | 1200 | South Pine Island Road | | | | |
| | | Plant | ation | | , Florida <u>33324</u> | | |
| | gistered agent's accep | | (City) | | (Zip cod | 0) | |
| to | comply with the provisi d accept the obligation | ions of a | nereby accept the appointment as all statutes relative to the proper of position as registered agent. C T Corporation System | and con | chael Scraphin Asst. | dutles, and I am familiar wil | h |
| | | | (Registered apport's si | ibseUno) | | 32 | |
| 8, | The name, title or capa <u>Title or Capacity:</u> | ecity and | d address of the person(s) who has Name and Address: | √have a <u>Tit</u> | nthority to manage is/are: e or Capacity: | Name and Address | 11-11- |
| • | Managing Member | | Joseph Jasser | | | m. I | |
| | | _ | 4405 Valley View Lane Ste 400, Dallas, Texas, 75244 | | | - F. 8. 45 | |
| | | _ | | | | | _ |
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| (L | ise attachments if neces | sary) | | | | | |
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| | | -0000 | Signed by: | | 2/8/2019 | | |
| | | FôIB | A37C2CE046C Signature o | if an authori | кед регион | | |
| | | Joseph | i Jasver, Managing Member | | | | |
| | | | Typed or p | printed nam | of signed | | |

Corporations Section

Austin, Texas 78711-3697

P.O.Box 13697

David Whitley Secretary of State

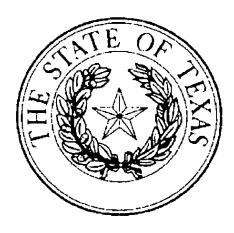
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Signify Health Medical Associates, PLLC (file number 803210686), a Domestic Limited Liability Company (LLC), was filed in this office on January 15, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 24, 2019.



David Whitle Secretary of State

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