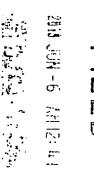
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REPAREMENT STATE

ALLAHASSEE, FLORIDA

CEIVED

Z BROWN JUN 0 7 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 7214-85 / 7726102

AUTHORIZATION : Omelle Comment

COST LIMIT : \$ 125,00 Local

ORDER DATE : April 11, 2019

ORDER TIME : 3:56 PM

ORDER NO. : 721185-004

CUSTOMER NO: 7726102

## FOREIGN FILINGS

NAME: APPRIOHEALTH, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted	for the purpose of	of transacting business in Flor	nda The :	alternate name must include "Limited L	iability Con	pany," "L.L.C," or "LLC.")
Delaware				3	83-4500868		
(Jurisdiction under the law of	which foreign li	imited liability co	ompany is organized)		(FEI nur	nher, if app	licable)
05/01/2019							
	(Date f	first transacted be	asiness in Florida, if prior to r & 605,0905, F.S. to determin	registratio ne penalty	n ) , kability i		
425 3rd St. SW					425 3rd St. SW		
(Street Address of Principal Office)				0.	(Mailing Ad	ldress)	
Suite 600					Suite 600		
Washington, DC 20024				Washington, DC 20024			
							, <u>,</u>
Name and street addre	ss of Flori	ida registere	ed agent: (P.O. Box	NOT	acceptable)		
<b>.</b>	Corner	ation Servic	e Company				
Name:	Corpore		- Company				
Office Address:	1201 Ha	ays Street			· · · · · · · · · · · · · · · · · · ·		₹ <b>.</b>
	Tallaha	Tallahassee			. Florida 32301		
			(City)		FIOTIGA(Zip co	ode)	
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	ation, I he sions of all us of my po	reby accept I statutes re osition as ry	the appointment as lative to the proper or sistered agent. ce Company	s regist and co	ered agent and agree to acomplete performance of my  Lydia Coh  Asst. Vice Pres	t in this duties, en	capacity. I further a
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Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "APPRIOHEALTH, 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 FIFTEENTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APPRIOHEALTH, LLC" WAS FORMED ON THE ELEVENTH DAY OF APRIL, A.D. 2019.

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

Authentication: 202640244

Date: 04-15-19

7369728 8300 SR# 20192819767