

Florida Department of State
Division of Corporations
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To: Division of Corporations
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Foreign Limited Liability Company
BARDAVON HEALTH INNOVATIONS, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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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. BARDAVON HEALTH INNOVATIONS, LLC

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

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

2. DELAWARE

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. _____

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

5. 6803 W. 64th Street, Bldg 6, Suite 200

(Street Address of Principal Office)

6. 6803 W. 64th Street, Bldg 6, Suite 200

(Mailing Address)

Overland Park, KS 66202

Overland Park, KS 66202

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation

(City)

33324

(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.

NRAI Services, Inc.
By: _____

(Registered agent's signature)

James M. Halpin

James M. Halpin
Assistant Secretary

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity: **Name and Address:**

☒ Manager Name: Matthew J. Condon
☐ Member Address: 6803 W 64th St, Bldg 6
☐ Authorized Ste 200
 Person Overland Park, KS 66202
☐ Other ☐ Other

☒ Manager Name: Jeff Hogland
☐ Member Address: 6803 W 64th St, Bldg 6
☐ Authorized Ste 200
 Person Overland Park, KS 66202
☐ Other ☐ Other

☒ Manager Name: Matt Ferguson
☐ Member Address: 6803 W 64th St, Bldg 6
☐ Authorized Ste 200
 Person Overland Park, KS 66202
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Paul Morris
☐ Member Address: 6803 W 64th St, Bldg 6
☐ Authorized Ste 200
 Person Overland Park, KS 66202
☐ Other ☐ Other

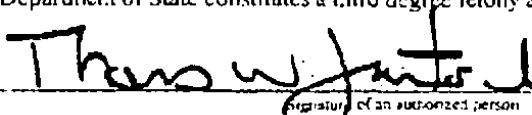
☒ Manager Name: Cleve T. Brewer
☐ Member Address: 6803 W 64th St, Bldg 6
☐ Authorized Ste 200
 Person Overland Park, KS 66202
☐ Other ☐ Other

☐ Manager Name: Tom Jantsch
☐ Member Address: 6803 W 64th St, Bldg 6
☒ Authorized Ste 200
 Person Overland Park, KS 66202
☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.817.135, F.S.


 Signature of an authorized person

Tom Jantsch
 Typed or printed name of signor

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BARDAVON HEALTH INNOVATIONS, 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 TWENTIETH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BARDAVON HEALTH INNOVATIONS, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2018.

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

2019 OCT 15 PM 4:46
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You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203640499

Date: 09-20-19