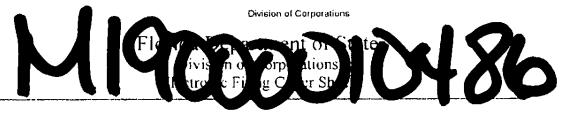
10/30/2019



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## Foreign Limited Liability Company Fresenius Medical Care West Atlantic, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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OCT 3 1 2019

of the translator must be submitted)

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

IN COMPLIANCE WITH SECTION 605,0002, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Fresenius Medical Care West Atlantic, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") dl name unwallable, enter altituate name adopted for the purpose of iransacting beatness in Florida. The alternate name most include "Limited Liability Company," "L.L.C." or "LLC.") 2. Delaware (FEI mumber, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted hosiness in Florida, if prior to registration.) (See sections 605,0504 & 005,0505, F.S., to determine penalty liability) 920 Winter St. 920 Winter St. (Making Address) (Sizer Address of Principal Office) Waltham, MA 02451 Waltham, MA 02451 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C.T. Corporation System Name: 1200 South Pinc Island Road Office Address: Plantation 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. C T Corporation System Terrie Bates, Asst. Seev. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Bio-Medical Applications of Member Florida, Inc. 920 Winter St. Waltham, MA 02451 (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

Signature of an authorized person

Typed or printed name of signee

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes 4 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.

Bryan Mello, Assistant Treasurer



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FRESENIUS MEDICAL CARE WEST ATLANTIC, 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 THIRTIETH DAY OF OCTOBER, A.D. 2019.

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

Authentication: 203901988

Date: 10-30-19

7679171 8300 SR# 20197823094

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