# M2000001393

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 169345 4308508

AUTHORIZATION : Squelle &

COST LIMIT : \$\( \sigma \) 30.00

ORDER DATE : February 4, 2020

ORDER TIME : 3:17 PM

ORDER NO. : 169345-005

CUSTOMER NO: 4308508

\_\_\_\_\_

#### FOREIGN FILINGS

NAME: SOLARIS HEALTH HOLDINGS, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

2020 FEB -4 MI 10: 52

## **COVER LETTER**

то:	Registration Section Division of Corporations			
SUBJI	Solaris Health Holdings, LLC		_	
		ne of Limited Liability Company	_	
		Company for Authorization to Transact Business in Florida referenced foreign limited liability company to transact bus		
Please	return all correspondence concerning this matter	to the following:		
		Name of Person	_	
		Firm/Company	_	
	Address			
City/State and Zip Code			_	
	E-mail address: (to b	be used for future annual report notification)	_	
For fur	ther information concerning this matter, please ca	ali:		
		at ()	_	
	Name of Contact Person	Area Code Daytime Telephone Number	<b>2</b> 6	
	Mailing Address:	Street Address:	7020 FEB	
	Registration Section	Registration Section	: :	
	Division of Corporations	Division of Corporations	1 -	
	P.O. Box 6327	The Centre of Tallahassee	<del></del>	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	AH 10:	
	Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEI  S125 00 Eiling Fee		N N	
	☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fe Certificate			

# 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. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Solaris Health Holding	s, LLC Limited Liability Company; must include "Limited	d Liability Company ""	1 C " or "11 C ")	
(Name of Foreign	ranned training Company, mass include Trinner	a mabinty Company. L	it.e. or the.	
f name unavailable, enter alternate i	name adopted for the purpose of transacting business in Fl	orida. The alternate name m	ist include "Limited Liability Co	mpany," "L.L.C," or "Ll.C."
Delaware		7		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	<u> </u>	(FEI number, if appl	icable)
·				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration ) ne penalty liability)		
340 Broadhollow Road		340 Broadh		
treet Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·	(Mailing z	Address}	
Farmingdale, NY 1173	5	Farmingdale	2. NY 11735	
				2020
Name and street address	s of Florida registered agent: (P.O. Box	NOT accentable)		FEB.
. Name and <u>suject addres</u>	s of Florida registered agents. (F.O. Dox	NOT acceptable)		=
Name:	Corporation Service Company			部10:52
Office Address:	1201 Hays Street			: 52
	Tallahassee	Flor		
	(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.

Kadesha Roberson Asst. Vice President

(Registered agent's signature)

Title or Capacity:	Name and Address:	Title or Capacit	<u>V:</u>	Name and Address:
□Manager	Name: Deepak A. Kapoor	□Manager	Name:	
□Member	Address: 340 Broadhollow Road	□Member	Address:	
Authorized	Farmingdale, NY 11735	□Authorized		
Person		Person		
Other	Other	□Other	<del></del>	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other		□Other		Other
				2020
□Manager	Name:	□Manager	Name:	2020 F F B
□Member	Address:	□Member	Address:	1
□Authorized		□Authorized		
Person		Person		
□Other		□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.817.155, F.S.

1/2-				
,,,	Signature of an authorized person			
Deepak A. Kapoor, M.D.				
	Typed or printed name of signee			



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

DELAWARE, DO HEREBY CERTIFY "SOLARIS HEALTH HOLDINGS, 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 FOURTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLARIS HEALTH HOLDINGS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2019.

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

2020 FED -1, AH 10: 53



Authentication: 202318245

Date: 02-04-20

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