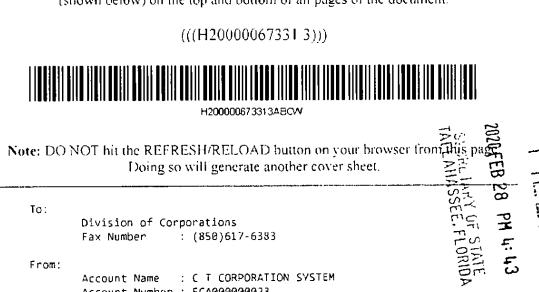
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (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. **

Email:	Address:		

Foreign Limited Liability Company Soliant Holdings, LLC

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

, SoliantHealth,LLC						
I. (Name of Foreign	Limited Liability Company; must include "Limite	d Liability (Company, "L.L.C.," or "LLC.")	-		
	ame adopted for the purpose of transacting business in He	and the Division of the	mate name cruss include "Limited Liability Company," " EC." or "LI)		
(if name unavisiable, chief affern de n	ame adopted for the purpose of transacting custiless in a te			- - -{		
Delaware		3.	58-1970270 ES A	· · · · · ·		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)		(FII number if applicable)	-		
			28	177		
1			EEG P	-		
4	(Date first transacted business in Florida, if prior to (See sections 605 0964 & 605 0905, F.S. to determ	(censuration)	1979 Lakeside Parkway, Suite 800 3 5 5	K.		
			1979 Lakeside Parkway, Suite 800			
1979 Lukeside Parkwa 5.	ry, Suite 800	6.	(Mailing Aldress)			
5. (Street Address of I	Principal Office)	_	(Mailing Address)			
Tucker, GA 30084			Tucker, GA 30084			
		_		_		
		_		_		
						
7. Name and street addre	ss of Florida registered agent: (P.O. Box	: <u>NOT</u> ac	ceptable)			
	CTCorporationSystem					
Name;	C (Corporation system					
Office Address:	1200SouthPineIslandRoad					
Spirice reduces.						
	Plantation		33324			
	(City)		, Florida(7ip code)			
Registered agent's accep	Mance: saletowal arout and to account versice of	nracos s f	or the above stated limited liability company at t	he place		
designated in this applica	ition. I hereby accept the appointment of	is registe	red agent and agree to act in this capacity. I Juri	ther agree		
to comply with the provis	ions of all statutes relative to the proper	r and con	iplete performance of my duties, and I am famil	iar with		
and accept the obligation	is of my position as registered agent.					
	CTCorporationSystem					
	By:					

(Registered agent's signature)

and the contraction of the property of the contraction of the contraction of the property of the contraction of

8. For initial index manage [up to six (ing purposes, list names, title or capacity and add for total and add	resses of the primary r	members/mana	gers or persons authorized to
Title or Capacity:	Name and Address:	Title or Capacity	<u>.</u>	Name and Address:
∐Manager	Name: Soliant Holdings, LLC	Manager [Name:	
Member	Address: 1979 Lakeside Pkwy	☐ Member	Address:	
Authorized	Suite 800	Authorized		77.
Person	Tucker, GA 30084	l'erson		THE THE
Other		Other		Differ 28
∭Manager	Name:	∐ Manager	Name:	PR L
Member	Address:	Momber	Address:	DRIDA DRIDA
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
Munager	Name:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	[]Cther		□Other
9. Attached is a cert jurisdiction under the of the translator mu.	es executed in accordance with section 605.0203 (in ment to the Department of State constitutes a third	da Department of State ly authenticated by the s in a foreign language (6), Florida Statutes	e Annual Report cofficial having cofficial having	rt form. g custody of records in the of the certificate under oath at any false information
	David Alexander			
	Tysed or pri	nted name of signer		····

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SOLIANT HEALTH, 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 THIRD DAY OF FEBRUARY, A.D. 2020.

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

Authentication: 202312824

7777201 8300 SR# 20200769540

Date: 02-03-20