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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Jeff@paydhealth.com

Email Address: _____

Foreign Limited Liability Company
PAYDHEALTH, LLC

Certificate of Status	0
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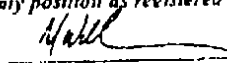
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Fax Aud. # H200000724363

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. PAYDHEALTH, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")2. Texas 3. 842853707
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)4. 08/01/2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 4001 McEwen Suite 450, Dallas, Texas 75244(Street Address of Principal Office)
6. 4001 McEwen Suite 450, Dallas, Texas 75244
(Mailing Address)7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Business Filings Incorporated
Office Address: 1200 South Pine Island Road
Plantation Florida 33324
(City) (Zip code)

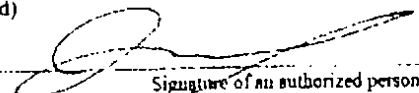
Registered agent's acceptance:

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.
(Registered agent's signature) Mark Williams, A.V.P., Business Filings Incorporated

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Manager: Jeffrey Woodward, 457 Main St, Iva, South Carolina 29655
Manager: William Jones, 9661 B. Horizon Vista Place, Oro Valley, Arizona 85704

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)


Signature of an authorized person

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.

Jeffrey Woodward, Manager
Typed or printed name of signer

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Ruth R. Hughs
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for PaydHealth, LLC (file number 803323928), a Domestic Limited Liability Company (LLC), was filed in this office on May 21, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 06, 2020.



A handwritten signature in black ink, appearing to read "Ruth R. Hughs".

Ruth R. Hughs
Secretary of State

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