# 148H000000m

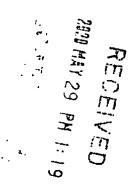
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300345180993





### Sunshine State Corporate Cômpliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 05/29/2020		**WALK IN**
ENTITY NAME ADAPTH	EALTH LLC	
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	
	Plain Copy	
XXXX	Certified Copy Certificate of Status	
**P(	EASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	<del></del>
COUNTRY OF DESTINATION	DN	•
NUMBER OF CERTIFICAT	ES REQUESTED	<del></del>
TOTAL OWED \$155.00	ACCOUNT # 120140000108 United Corporate Services, Inc.	Repart
Please call Tina at the	e above number for any issues or concerns. I hank you so	much!

#### COVER LETTER

TO:

	Registration Section Division of Corporations	
SUBJEC'	T:AdaptHealth LLC	
	Na	me of Limited Liability Company
l'he enclo Existence	sed "Application by Foreign Limited Liability, and check are submitted to register the abov	y Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florid
lease ret	urn all correspondence concerning this matter	to the following:
		Name of Person
	United Corporate Service	es
		Firm/Company
	100 State St 8th Fl	
		Address
	Albany NY 12207	
		City/State and Zip Code
	joey.kelley@united	·
	E-mail address: (to	be used for future annual report notification)
For furthe	er information concerning this matter, please of	rall:
	Joey Kelley	at ()
	Name of Contact Person	Area Code Daytime Telephone Number
_	Mailing Address: Registration Section	Street Address: Registration Section
[	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
I	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DI  ☐ \$125.00 Filing Fee ☐ \$130.00 Filing I  Certificate	EPARTMENT OF STATE  Fee &   \$155.00 Filing Fee &   \$160.00 Filing Fee, Certificate

### 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:

ime unavailable, enter alternate:	name adopted for the purpose of transacting business in F	lorida. The	ilternate name must inc	lude "Limited	Liability Co	mpany," "l.	fC," or "LI	
Delaware		3						
Gurisdiction under the law of w	hich foreign limited hability company is organized)	<b>J.</b>		(FEI nun	nber, it appl	icable)		
	This first improcted business in Florida if prior to	registration	1					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605.0905, F.S. to determ	ine penalty	liability)					
220 West Germantown Pike Ste 250		6	220 West Germ					
et Address of Principal Office)		6. (Mailing Address)						
Plymouth Meeting PA	19462		Plymouth Meeti	ing PA 194	162			
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box United Corporate Services, Inc.	C <u>NOT</u> a	cceptable)		er.			
Name:	——————————————————————————————————————				4	75.	****	
				<del></del>		11	2	
Office Address:	9200 S Dadeland Blvd Suite 508				ر ماها در در در در در		1	
Office Address:	9200 S Dadeland Blvd Suite 508 Miami		 . Florida	33156	in a			
Office Address:					Called Services	<b>•</b> ⇔		
gistered agent's acceptiving been named as resignated in this application with the provise	Miami (City)	is registe	Florida  for the above sta	(Zip code) ited limited gree to aci	t in this c	φ ç ç y compa capacity.	. I furthe	
gistered agent's acceptiving been named as resignated in this application with the provise	Miami  (City)  Stance:  I gistered agent and to accept service of partice, it in the service of the service of a lition. I hereby accept the appointment a lions of all statutes relative to the proper	is registe	Florida  for the above sta	(Zip code) ited limited gree to aci	t in this c	φ ç ç y compa capacity.	. I furth	

Title or Capacity:	Name and Address:	Title or Çapacit	<u>v:</u>	Name and Address:
□Manager	Name: Luke McGee	□Manager	Name:	
■Member	Address: 220 West Germantown Pike	□Member	Address:	
□Authorized	Ste 250	□Authorized		
Person	Plymouth Meeting PA 19462	Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person	<u> </u>	
□Other	□Other	□Other	<del></del>	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	<del></del>
□Authorized		□Authorized		
Person		Person		
□Other	Other	□Other		□Other
Important Notice: Usindexed individuals  9. Attached is a cert jurisdiction under the translator must be the trans	☐Other	Person  Other  The attachment will be if Florida Department of State is in a foreign languation (1) (b), Florida Statu	imaged for repo tate Annual Rep the official havi age, a translation	□Other  rting purposes on fort form.  Ing custody of recome of the certificate that any false info
	/s/Luke McGee	C === Pr	200	
		re of an authorized person		<del></del>



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

DELAWARE, DO HEREBY CERTIFY "ADAPTHEALTH 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 TWENTY-EIGHTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADAPTHEALTH LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF APRIL, A.D. 2012.

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

Authentication: 203006928

Date: 05-28-20