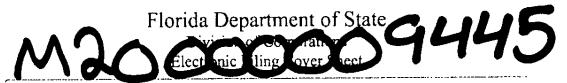
10/21/2020

Division of Corporations



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(((H20000366695 3)))



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Foreign Limited Liability Company Woodside Health Fleming, LLC

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1 OF 2, DO NOT REJECT. FILE FIRST WITH H20000366687 3 SECOND

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APPLICATION BY F	OREIGN LIMITED LIABILI	TY COMPANY FOR IN FLORIDA	LAUTHORIZATION TO	TRANSACT BUSINESS
	CTION (CBO902, FLORIDA STATUTI USINFISS IN THE STATE OF FLORIL		SUBMITTED TO REGISTER A	FOREIGN LIMITED LIABILITY
Woodside Health Flori	ning, LLC	•		
(Name of For	ning, E.C. eign Limited Liability Company; m	ust include "Limited Lia	bility Company," "L.L.C" o	r "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C	ilternate name adopted for the purpo ," or "LLC.")			me must include "Limited
2. Ohio		85-326435 3.		
company is organized)	of which foreign limited liability		(FEI number, if applicable	•)
4	(Date first transacted busin (See sections 605.0904 & 60	ness in Florida, if prior to 5.0905, F.S. to determine	registration.) e penalty liability)	_
5. 2 Summit Park Drive.	Suite 541)			
Cleveland, OH 44131				FIL 2021 OCT 2. SECRETAR: ALLANASS
2 Summit Park Drive	Culta SAN			3 2 P
6. 2 Summit Park Drive,	3une 340			- m ≥ m
Cleveland, OH 44131				AHII: 34
	(Mailing	Address)		
7. Name and street address	ss of Florida registered agent: ()	P.O. Box NOT accept	able)	\$ ₹ 3 €
Name:	CT Corporation System		_	
Office Address:	1200 South Pine Island Road	· · · · · · · · · · · · · · · · · · ·	-	
	Plantation		, Florida 33324	
Destate and a season	(City)		(Zip code)	
designated in this applica to complywith the provish accept the obligations of t	raintee. Igistered agent and to accept sertion, I hereby accept the appoint ons of all statutes relative to the my position as registered agent. CT Corporation S By:	ntment as registered as e proper and complete	gent and agree to act in the performance of my duties	is capucity. I further agree s, and I am familiar with and Nichol McCroy,
	(Regis	stered affeit, 2 zigunmie)	·	Assistant Secretary
8. The name, title or capa Joseph G. Greufich, Mana	ecity and address of the person(s) who has/have authori	ity to manage is/are:	J
2 Summit Park Drive, Sui			· · · · · · · · · · · · · · · · · · ·	AMERICA CONTRACTOR CON
	10 ,7-10			
Cleveland, OH 44131				u
	of existence, no more than 90 da of which it is organized. (If the c ibmitted)			
	Signature	of an authorized person		ri .

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.

Joseph G. Greulich, Manager/Member

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I. Frank LaRose, do hereby certify that I am the duly elected, qualified and present ucting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show WOODSIDE HEALTH FLEMING, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4549400, was organized within the State of Ohio on September 28, 2020, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 20th day of October, A.D. 2020.

Ohio Secretary of State

Fol flow

Validation Number: 202029403486