

M210000041903

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

\*\*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  
VIZION HEALTH, L.L.C.

Certificate of Status	0
Certified Copy	0
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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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JAN -6 2021

M. SOLOMON

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:

1. Vizion Health, L.L.C.  
(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. Louisiana  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45-5453405  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10935 Winds Crossing Dr.  
(Street Address of Principal Office)

6. 10935 Winds Crossing Dr.  
(Mailing Address)

Suite 700

Suite 700

Charlotte, NC 28273

Charlotte, NC 28273

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301  
(City) (Zip code)

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TALLAHASSEE  
FLORIDA  
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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.

Parrish Madonia, Asst. Secretary  
On behalf of Capitol Corporate Services, Inc.  
(Registered agent's signature)

Parrish Madonia Asst. Secretary on behalf of Capitol Corporate Services, Inc.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

Manager Name: Craig Puno

Member Address: 10935 Winds Crossing Dr

Authorized Suite 700

Person Charlotte, NC 28207

Other \_\_\_\_\_  Other \_\_\_\_\_

Title or Capacity: Name and Address:

Manager Name: Aaron Kneas

Member Address: 10935 Winds Crossing Dr

Authorized Suite 700

Person Charlotte, NC 28207

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Ann Miller

Member Address: 10935 Winds Crossing Dr

Authorized Suite 700

Person Charlotte, NC 28207

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Mark Schneider

Member Address: 10935 Winds Crossing Dr

Authorized Suite 700

Person Charlotte, NC 28207

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Steven Chesney

Member Address: 10935 Winds Crossing Dr

Authorized Suite 700

Person Charlotte, NC 28207

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

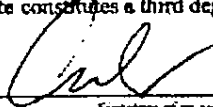
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**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

  
 \_\_\_\_\_  
 Signature of an authorized person

Craig B. Puno  
 \_\_\_\_\_  
 Typed or printed name of signor



**R. Kyle Ardoin**  
 SECRETARY OF STATE

*As Secretary of State of the State of Louisiana I do hereby Certify that*

**VIZION HEALTH, L.L.C.**

A limited liability company domiciled in DESTREHAN, LOUISIANA,

Filed charter and qualified to do business in this State on September 19, 2011,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

January 5, 2021

*Secretary of State*

Web 40604443K



Certificate ID: 11317983#SWM73

To validate this certificate, visit the following web site, go to **Business Services, Search for Louisiana Business Filings, Validate a Certificate**, then follow the instructions displayed.  
[www.sos.la.gov](http://www.sos.la.gov)