1/25/2021

M21000003282

Division of Corporations

Florida Department of State
Division of Corporations
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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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Foreign Limited Liability Company
Cornerstone Health Enablement Strategic Solutions, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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SBF 1/26/21

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. Cornerstone Health Enablement Strategic Solutions, 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. North Carolina
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-1314057
(FEI number, if applicable)

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

5. 1701 Westchester Drive, Suite 850
(Street Address of Principal Office)
High Point, NC 27262

6. 1701 Westchester Drive, Suite 850
(Mailing Address)
High Point, NC 27262

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

Name: C T Corporation System

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.

By: C T Corporation System Christine Kelm Assistant Secretary
(Registered agent's signature)

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:	Title or Capacity:	Name and Address:
☐Manager	Name: Yates Lennon, MD	☐Manager	Name: Michael Berwanger
☐Member	Address: 1701 Westchester Drive, Suite 850	☐Member	Address: 1701 Westchester Drive, Suite 850
☒Authorized Person	High Point, NC 27262	☐Authorized Person	High Point, NC 27262
☐Other President	☐Other	☒Other Secretary	☐Other
☐Manager	Name: Mark Lautzenheiser	☐Manager	Name:
☐Member	Address: 1701 Westchester Drive, Suite 850	☐Member	Address:
☐Authorized Person	High Point, NC 27262	☐Authorized Person	
☒Other Treasurer	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized Person		☐Authorized Person	
☐Other	☐Other	☐Other	☐Other

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) (h), 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.

DocuSigned by:
Michael Berwanger
1446BF C5D91482...

1/22/2021

Signature of an authorized person

Michael Berwanger

Typed or printed name of signee

NORTH CAROLINA
Department of the Secretary of State

CERTIFICATE OF EXISTENCE
(Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CORNERSTONE HEALTH ENABLEMENT STRATEGIC SOLUTIONS, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 14th day of February, 2012

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 25th day of January, 2021.

Elaine F. Marshall

Secretary of State

Scan to verify online.

Certification# 108824744-1 Reference# 16765937- Page: 1 of 1
Verify this certificate online at https://www.sosnc.gov/verification