``Page: 2 of 5

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company Ascension Health at Home of Florida II, LLC

| Certificate of Status | 0 | |
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From: James Tanks III

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 665.0902, PLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Ascension Health at Home of Florida II, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, caser afternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "Li,C," or "(IC") Delaware (TEI number, if applicable) (hirisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration; (See sections 605,0904 & 605,0905, F.S. to detentine penalty hability) 10 Cadillac Drive, Suite 400 10 Cadillac Drive, Suite 400 6. (Mailing Address) (Street Address of Principal Office) Brentwood, TN 37027 Brentwood, TN 37027 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 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. Kathere Schreder C T Corporation System By: Katherine Schneider, Asst. Secretary

(Registered agent's signature)

From: James Tanks III

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]:

2021-03-08 16:13:01 CST

| Title or Capacity: | Name and Address: | Title or Capacity | <u>:</u> | Name and Address: |
|--------------------|--|-------------------|-------------|-------------------|
| □Manager | Ascension Health at Home Holdings Name: of Florida !!. LLC | □Manager | Name: | |
| ■ Member | Address: 10 Cadillac Drive, Suite 400 | ∐Member | Address: | · |
| □Authorized | Brentwood, TN 37027 | ☐ Authorized | ••• | |
| Person | | Person | | |
| Other | □Other | Other | | □Other |
| □Manager . | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □Authorized | | Authorized | | |
| Person | | Person | | |
| □Other | Other | □Other | · | □Other |
| | | | | * 52 - 1 |
| □Manager | Name: | □Manager | Name: | - |
| □Member | Address: | □Member | Address: | .'. |
| □Authorized | | □Authorized | | |
| Person | | 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. Nonindexed 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

Russell Adkins, Authorized Person

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "ASCENSION HEALTH AT HOME OF FLORIDA

II, 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 EIGHTH DAY OF MARCH, A.D. 2021.

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

Authentication: 202677929

Date: 03-08-21