

M21000005594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK UP

☐

WAIT

☐

MAIL

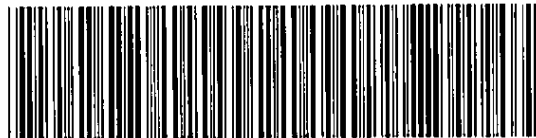
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800365806968

FILED IN 11/12/13

2021 MAY 10 AM 8:17  
FILED  
MAY 10 2021

MAY 10 2021  
K. Brumley

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 5/10/2021

**\*\*WALK IN\*\***

ENTITY NAME WELLNAVA INTEGRATION PARTNERS, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX

*Plain Copy*

**\*\*WALK IN\*\***

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$125.00

ACCOUNT #: I20160000072

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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. Wellvana Integration Partners, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name accepted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (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)

40 Burton Hills Blvd, Ste 100

40 Burton Hills Blvd, Ste 100

5. (Street Address of Principal Office)

6. (Mailing Address)

Nashville, TN 37215

Nashville, TN 37215

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation

33324

(City)

, Florida

(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.

NRAI Services, Inc.

By: Natalie Leiba-Paul

(Registered agent's signature)

Natalie Leiba-Paul - Assistant Secretary

2021 MAY 10 AM 8:17

APPROVED  
AND  
FILED

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: Devin C. Carty  
☐ Member      Address: 40 Burton Hills Blvd, Ste 100  
☐ Authorized      Nashville, TN 37215  
Person  
☐ Other      ☐ Other

☐ Manager      Name: Kay L. Crouch  
☐ Member      Address: 40 Burton Hills Blvd, Ste 100  
☐ Authorized      Nashville, TN 37215  
Person  
☒ Other Secretary      ☐ Other

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
Person  
☐ Other      ☐ Other

Title or Capacity:                      Name and Address:  
☐ Manager      Name: Adrienne M. Thompson  
☐ Member      Address: 40 Burton Hills Blvd, Ste 100  
☐ Authorized      Nashville, TN 37215  
Person  
☒ Other SVP-Finance      ☐ Other

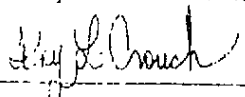
☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
Person  
☐ Other      ☐ Other

☐ Manager      Name: \_\_\_\_\_  
☐ Member      Address: \_\_\_\_\_  
☐ Authorized      \_\_\_\_\_  
Person  
☐ 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) (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

Kay L. Crouch

\_\_\_\_\_  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WELLVANA INTEGRATION PARTNERS, 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 SEVENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WELLVANA INTEGRATION PARTNERS, LLC" WAS FORMED ON THE SIXTH DAY OF APRIL, A.D. 2021.

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



5816465 8300

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203151308