Division of Corporations



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ro:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (614)573-3996 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.

Email Address:

## Foreign Limited Liability Company MHS Employees, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Help

S. HAWKES

From: Kaity Toon

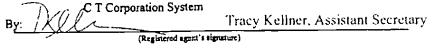
## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If same unavailable, enter alternate n	ame adopted for the purpose of transacting business in	Florida. The	alternate name must include "Limited List	bility Company," "	'L.L.C," or "	c.ŋ
Washington		3.		_		
(Jurisdiction under the law of w	ich foreign limited liability company is organized)	3. (FEI number, if applicable)				
Upon Filling						
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	to registratio mine penalty	liability)	<del></del>		
820 A Street			PO Box 5299, MS 1515-5-T	RF		
Street Address of Principal Office)		6.	(Mailing Address)			-
Tacoma, WA 98402			Tacoma, WA 98415-0299	<u></u>		_
						_
7. Name and street addres	s of Florida registered agent: (P.O. Bo	ox <u>NOT</u>	acceptable)		:2:	
Name:	C T Corporation System				~	
Office Address:	1200 South Pine Island Road				-  Ai	-
<u>.</u>	Plantation		33324 , Florida		110: 3	O
	(Ciry)		(Zip code)	171	30	

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.



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	<u>v:</u>	Name and Address:
□Monager	Name: MultiCare Health System	□Manager	Name:	
■Member	Address: 820 A Street	□Member	Address:	
□Authorized	Tacoma, WA 98402	□Authorized		
Person		Person		
Other	□Other	□Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	Other		□Other
□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. 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

William Robertson, CEO of MuhiCare Health System, sole Member

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The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE

**OF** 

## MHS EMPLOYEES, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 11/12/2020.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 01/21/2022 UBI Number: 604 673 925



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

to R Hollie

Steve R. Hobbs, Secretary of State

Date Issued: 01/21/2022