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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

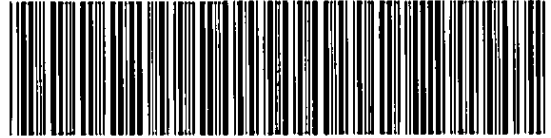
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CLERK OF COURT

S. FRANKLIN

FEB 03 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 453952 8134570

AUTHORIZATION : *Eylena Baker*

COST LIMIT : \$125.00

ORDER DATE : February 1, 2022

ORDER TIME : 1:20 PM

ORDER NO. : 453952-005

CUSTOMER NO: 8134570

FILED
2022 FEB -2 PM 1:14
TALLAHASSEE, FL

FOREIGN FILINGS

NAME: AYA HOSPITAL SERVICES, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aya Hospital Services, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

c/o Legal Department

Name of Person

Aya Hospital Services, LLC

Firm/Company

5930 Cornerstone Court West, Suite 300

Address

San Diego, CA 92121-3772

City/State and Zip Code

legalprocess@ayahealthcare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Legal Department

866

687-7390

Name of Contact Person

at ()

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

FILED
2022 FEB -2 PM 1:14
TALLAHASSEE, FL

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. Aya Hospital Services, 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. Delaware 3. 84-2591348
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 07/26/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5930 Cornerstone Court West 6. 5930 Cornerstone Court West
(Street Address of Principal Office) (Mailing Address)
Suite 300 Suite 300
San Diego, CA 92121-3772 San Diego, CA 92121-3772

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee 32301
(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.

Corporation Service Company
By: Eylima Bahor
Assistant Vice President
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Aya Healthcare, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>Alan Braynin</u>
<input checked="" type="checkbox"/> Member	Address: <u>5930 Cornerstone Court West</u>	<input type="checkbox"/> Member	Address: <u>5930 Cornerstone Court West</u>
<input type="checkbox"/> Authorized	<u>Suite 300</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 300</u>
Person	<u>San Diego, CA 92121-3772</u>	Person	<u>San Diego, CA 92121-3772</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Alan Braynin, on behalf of Member, Aya Healthcare, Inc.

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 "AYA HOSPITAL SERVICES, 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 SECOND DAY OF FEBRUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AYA HOSPITAL SERVICES, LLC" WAS FORMED ON THE NINETEENTH DAY OF JULY, A.D. 2019.

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

FILED
2022 FEB -2 PM 1:14
J. W. BULLOCK, SECRETARY OF STATE




Jeffrey W. Bullock, Secretary of State

7522587 8300

SR# 20220338308

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202553728

Date: 02-02-22