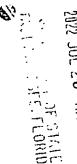
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RECENTE

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT N	0. :	12	00	00	00	01	9	5
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REFERENCE: 835899 7678797

AUTHORIZATION : Semel

COST LIMIT : \$ (1/2)5_..00

ORDER DATE : July 26, 2022

ORDER TIME : 2:01 PM

ORDER NO. : 835899-010

CUSTOMER NO: 7678797

FOREIGN FILINGS

NAME: SLEESHORE DIALYSIS, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

	Sleeshore Dialysis, LLC	
SUBJECT:	Nam	ne of Limited Liability Company
Tha anglaca		Company for Authorization to Transact Business in Florida," Certificate of
		referenced foreign limited liability company to transact business in Florid
Please return	all correspondence concerning this matter t	to the following:
	Damon Bruington, Corporate Para	legal
		Name of Person
	DaVita Inc.	
		Firm/Company
	601 Hawaii Street	
		Address
	El Segundo	
		City/State and Zip Code
	subgov@davita.co	
	E-mail address: (to be	e used for future annual report notification)
For further in	nformation concerning this matter, please ca	II:
Damon Bruington		310 536-2400 at ()
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
	losed is a check for the following amount:	A DTS 4 PAT OF OT A TP
	ise make check payable to: FLORIDA DEF \$125.00 Filing Fee	te & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate

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

IN COMPLANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Sleeshore Dialysis, L							
(Name of Foreign	Limited Liability Company; must include "Limited	d Liabilit	ty Company," "L.L.C.," or "LEC	li")		_	
(If name unavailable, enter alternate of	name adopted for the purpose of transacting business in Fi	onda The	e alternate name must include "Limit	ed Liability Company," "	11C," or	TLI.C."	
Delaware 2.		3.	Applied For				
(Jurisdiction under the law of which foreign limited liability company is organized)			3(FEI number, if applicable)				
Perpetual							
··	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registratio ne penalty	on) y liability)				
2000 16th Street, Attn: JLD/SecGovFin. 5. (Street Address of Principal Office)			601 Hawaii Street, Att	n: JLD/SecGovf	in.	_	
(Street Address of Principal Office)			(Mailing Address)				
Denver, CO 80202			El Segundo, CA 90245	2 9 /3 = 1	2.02	_	
					JUL		
7. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u>	acceptable)	in s	28 A	FILED	
Name:	Corporation Service Company			STALL	AM 11: 04		
Office Address:	1201 Hays Street						
	Tallahassee		32301 , Florida				
	(City)		(Zip cod	c)			

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 Gompany

By: Willow assistent va 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]:

Title or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
□Manager	Name:	□Manager	Name:	
■Member	Address: 2000 16th Street	□Member	Address:	
□Authorized	Attn: JLD/SecGovFin.	□Authorized		
Person	Denver, CO 80202	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
indexed individuals 9. Attached is a cert jurisdiction under th of the translator mus 10. This document i	s executed in accordance with section 605.0 nent to the Department of State constitutes a	Florida Department of State Id, duly authenticated by the cate is in a foreign language.	Annual Repo official havin a translation I am aware th	ort form. g custody of records in the of the certificate under oath hat any false information
	Stephanie N. Berberich, Secretary of Total R	tenal Care, Inc. Mng. Mbr. of Sleesh	ore Dialysis, LL	С

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SLEESHORE DIALYSIS, 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 TWENTY-EIGHTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SLEESHORE DIALYSIS, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 2022.

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

Authentication: 204031191

Date: 07-28-22