

To:

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2022-07-29 18:41:13 GMT

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From: Alexander England

7/29/22, 2:11 PM

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Account Name : INTERSTATE FILINGS LLC
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2022 JUL 29 PM 1:07

**Foreign Limited Liability Company
CCA OPCO HOLDCO MELBOURNE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2022 JUL 29 PM 3:12

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Corporate Filing Menu

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S. FRANKLIN
JUL 29 2022

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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. CCA Opco Holden Melbourne, LLC
 (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. Delaware 3. 88-3472391
 (Jurisdiction under the law of which foreign limited liability company is organized) (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)

5. 1305 S Apollo Boulevard 6. 231 S. BEMISTON AVENUE, SUITE 850
 (Street Address of Principal Office) (Mailing Address)

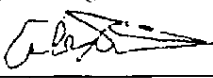
Melbourne, FL 32901 PMB 82567
SAINT LOUIS, MO 63105-1920

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

Name: INTERSTATE AGENT SERVICES, INC
 Office Address: 100 SE 2ND STREET, SUITE 2000 #209
MIAMI 33131
 (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.


 (Registered agent's signature)

2022 JUL 29 PM 1:01

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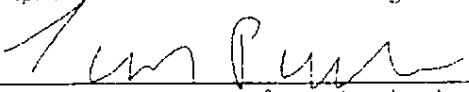
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Cardiovascular Centers of America</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>231 S Bemiston Avenue</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 850, PMB 82567</u>	<input type="checkbox"/> Authorized	_____
Person	<u>St. Louis, MO 63105-1920</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Timothy Price</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>231 S Bemiston Ave, Ste 850</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>PMB 82567</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Saint Louis, MO 63105-1920</u>	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

Timothy Price

Typed or printed name of signer

(((H22000257094 3)))

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CCA OPCO HOLDCO MELBOURNE, 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-NINTH DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CCA OPCO HOLDCO MELBOURNE, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF JULY, A.D. 2022.

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

2022 J 29 PM 1:07



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

6939974 8300

SR# 20223128241

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

Authentication: 204042885

Date: 07-29-22