

M220000 14540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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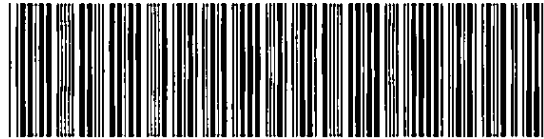
(Business Entity Name)

(Document Number)

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SEP 20 2022
K. Brumby

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 09/19/2022

Acc#I20160000072

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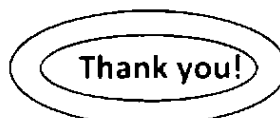
Name:	Streamline Health, LLC
Document #:	
Order #:	14546644

Certified Copy of Arts & Amend:	<input type="checkbox"/>	1-2 FILING Withdrawal 1st - Registration 2nd	
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Amount: \$ 155.00



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Streamline Health, 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:

Regina M. Scott

Name of Person

Morris, Manning & Martin, LLP

Firm/Company

3343 Peachtree Rd., NE, Suite 1600

Address

Atlanta, GA 30326

City/State and Zip Code

jill.miller@streamlinehealth.net

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

For further information concerning this matter, please call:

Regina M. Scott

Name of Contact Person

at (404)

Area Code

233-7000

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

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. Streamline Health, 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

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

3. _____

(FEI number, if applicable)

4. Upon filing.

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

5. 2400 Old Milton Parkway, Box 1353

(Street Address of Principal Office)

6. 2400 Old Milton Parkway, Box 1353

(Mailing Address)

Alpharetta, GA 30009

Alpharetta, GA 30009

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

(City)

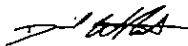
Florida

33324

(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)

APPROVED
AND
FILED
2022 SEP 19 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>Streamline Health Solutions, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>Wyche T. Green III</u>
<input checked="" type="checkbox"/> Member	Address: <u>2400 Old Milton Parkway,</u>	<input type="checkbox"/> Member	Address: <u>2400 Old Milton Parkway,</u>
<input type="checkbox"/> Authorized	<u>Box 1353</u>	<input type="checkbox"/> Authorized	<u>Box 1353</u>
Person	<u>Alpharetta, GA 30009</u>	Person	<u>Alpharetta, GA 30009</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CEO/President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Thomas J. Gibson</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>2400 Old Milton Parkway,</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Box 1353</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Alpharetta, GA 30009</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>CFO</u>	<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.

DocuSigned by:

Thomas Gibson

13577DC09A7E410...
Signature of an authorized person

Thomas J. Gibson

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STREAMLINE HEALTH, 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 SIXTEENTH DAY OF SEPTEMBER, A.D. 2022.

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



6209795 8300

SR# 20223547743

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

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: 204414280

Date: 09-16-22