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Division of Corporations

Florida Department of State  
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To:

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Account Name : C T CORPORATION SYSTEM  
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\*\*Enter the email address for this business entity to be used for future  
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Foreign Limited Liability Company  
EH Hospice of Northern Florida, LLC

Certificate of Status	0
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Corporate Filing Menu

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. EH Hospice of Northern Florida, 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. 92-2189897  
(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 605.0901 & 605.0905, F.S., to determine penalty liability)

5. <u>6688 N. Central Expressway, Ste 1300</u> <small>(Street Address of Principal Office)</small>	6. <u>6688 N. Central Expressway, Ste 1300</u> <small>(Mailing Address)</small>
<u>Dallas, TX 75206</u>	<u>Dallas, TX 75206</u>

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

Name: C T CORPORATION SYSTEM

Office Address: 1200 S Pine Island Rd #250

Plantation, Florida 33324  
(City) (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.*



Christine Kelm - Assistant Secretary

(Registered agent's signature)

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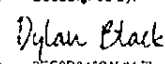
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Dylan C. Black</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Julie D. Jolley</u>
<input type="checkbox"/> Member	Address: <u>6688 N. Central Expressway</u>	<input type="checkbox"/> Member	Address: <u>6688 N. Central Expressway</u>
<input type="checkbox"/> Authorized	<u>Dallas, TX 75206</u>	<input type="checkbox"/> Authorized	<u>Dallas, TX 75206</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Crissy B. Carlisle</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>6688 N. Central Expressway</u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>Dallas, TX 75206</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other	<u></u>	<input type="checkbox"/> Other	<u></u>

**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:  
  
 36C0A40016473

Signature of an authorized person

Dylan C. Black

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 "EH HOSPICE OF NORTHERN FLORIDA, 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 EIGHTH DAY OF MARCH, A.D. 2023.

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



7248758 8300

SR# 20230910437

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 202865050

Date: 03-08-23