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2023 OCT 10 PM 5:56

CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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CLERK OF STATE
TALLAHASSEE, FLORIDA

OCT 10 2023

K. Brumblay

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

ACCOUNT NO. : I20000000195

REFERENCE : 058912 8292199

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 125.00

ORDER DATE : October 10, 2023

ORDER TIME : 1:45 PM

ORDER NO. : 058912-095

CUSTOMER NO: 8292199

FOREIGN FILINGS

NAME: ABODE CARE PARTNERS LTC VB,
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: _____

**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. Abode Care Partners LTC VB, 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. 36-4768682
(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. 805 N. Whittington Parkway, Suite 400 6. 805 N. Whittington Parkway, Suite 400
(Street Address of Principal Office) (Mailing Address)
Louisville, KY 40222 Louisville, KY 40222

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

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

Corporation Service Company
By: Eylima Baker
Assistant Vice President

(Registered agent's signature)

APPROVED
AND
FILED
2023 OCT 10 PM 5:56

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:**

☐ Manager Name: William R. Mills M.D.

☐ Member Address: 805 N. Whittington Parkway

☐ Authorized Suite 400, Louisville, KY 40222

Person _____

☒ Other President ☐ Other _____

☐ Manager Name: Jennifer A. Phipps

☐ Member Address: 805 N. Whittington Parkway

☐ Authorized Suite 400, Louisville, KY 40222

Person _____

☒ Other Treasurer ☐ Other _____

☐ Manager Name: Allison L. Brown

☐ Member Address: 805 N. Whittington Parkway

☐ Authorized Suite 400, Louisville, KY 40222

Person _____

☒ Other Secretary ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: SHC Medical Partners, LLC

☐ Member Address: 805 N. Whittington Parkway

☐ Authorized Suite 400, Louisville, KY 40222

Person _____

☐ Other ☐ Other _____

☐ Manager Name: Arif Nazir

☐ Member Address: 805 N. Whittington Parkway

☐ Authorized Suite 400, Louisville, KY 40222

Person _____

☒ Other Chief Med. Off. ☐ Other _____

☐ Manager Name: Kyle Browning

☐ Member Address: 805 N. Whittington Parkway

☐ Authorized Suite 400, Louisville, KY 40222

Person _____

☒ Other VP of Finance ☐ 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

Allison L. Brown, Secretary

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 "ABODE CARE PARTNERS LTC VB, 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 TENTH DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ABODE CARE PARTNERS LTC VB, LLC." WAS FORMED ON THE SEVENTH DAY OF AUGUST, A.D. 2013.

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




Jeffrey W. Bullock, Secretary of State

5380114 8300

SR# 20233694442

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

Authentication: 204339922

Date: 10-10-23