

M21000009903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

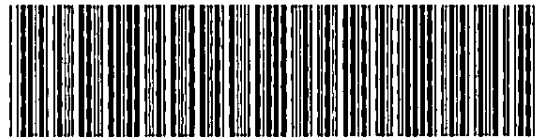
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

*W21
10/13*



800356543108

12/21/20--01034--018 **160.00

12
10 20 20 5 41

12/21/20
01034

COVER LETTER

TO: Registration Section
Division of Corporations

Zelis Healthcare LLC
SUBJECT: _____

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:

Vanessa Mauge

Name of Person

Zelis Healthcare

Firm/Company

Two Concourse Parkway, Suite 300

Address

Atlanta, Ga 30328

City/State and Zip Code

Vanessa.Mauge@zelis.com

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

For further information concerning this matter, please call:

Vanessa Mauge

404

250- 7693

at (_____) _____

Name of Contact Person

Area Code

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2021

VANESSA MAUGE
TWO CONCOURSE PKWY STE 300
ATLANTA, GA 30328

SUBJECT: ZELIS HEALTHCARE LLC
Ref. Number: W21000001613

We have received your document for ZELIS HEALTHCARE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 621A00000375



March 2, 2021

Attn: Tracy L. Lemieux
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Sent via Regular Mail:

Reference: Letter Number 621A00000375

Dear Ms. Lemieux:

On the behalf of Zelis Healthcare, LLC, I, Edward C. Fargis, Executive Vice President and General Counsel, hereby consent to the use of the "Zelis Healthcare" name to support the previously submitted application to authorize Zelis Healthcare, LLC, a foreign limited liability company, to transact business in the State of Florida.

Regards,

A handwritten signature in black ink that reads "Edward C. Fargis". The signature is written in a cursive style with a large, stylized initial "E".

Edward C. Fargis
Executive Vice President and General Counsel
Zelis Healthcare, LLC

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. Zelis Healthcare 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 47-4319823
(Jurisdiction under the law in which foreign limited liability company is organized) (FEI number, if applicable)

4. 05/19/2015
(Date first transacted business in Florida, if prior to registration. (See sections 605 0904 & 605 0905, F.S. to determine penalty liability)

5. Zelis Healthcare (Street Address of Principal Office)
6. Zelis Healthcare (Mailing Address)
2 Crossroads Drive
Bedminster, NJ 07921

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

Name: Corporate Creations Network, Inc.
Office Address: 801 US Highway 1
North Palm Beach, Florida 33408
(City) (Zip code)

21 MAR -0 PM 5:41

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.

Diana Serra
Diana Serra, Special Secretary
(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):

<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: Edward Fargis	<input type="checkbox"/> Manager	Name: Andrew Eckert
<input type="checkbox"/> Member	Address: 2 Crossroads Drive	<input type="checkbox"/> Member	Address: 2 Crossroads Drive
<input type="checkbox"/> Authorized	Bedminster, NJ 07921	<input type="checkbox"/> Authorized	
Person		Person	Bedminster, NJ 07921
<input checked="" type="checkbox"/> Other General Counsel	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other CEO	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Thomas Kloster	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2 Crossroads Drive	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person	Bedminster, NJ 07921	Person	
<input checked="" type="checkbox"/> Other CFO	<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.

Edward Fargis

Signature of an authorized person

Edward Fargis

Typed or printed name of signer

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZELIS HEALTHCARE, 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 THIRTIETH DAY OF NOVEMBER, A.D. 2020.

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



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.

5749993 8300

SR# 20208445143

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

Authentication: 204182961

Date: 11-30-20