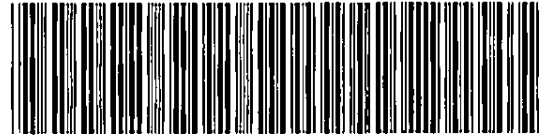


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. ROBERTS
JAN 12 2022

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. CHSPSC ACO 8, 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 82-1449819
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 05/03/2017
(Data first transacted business in Florida, if prior to registration. See sections 605.0904 & 605.0905, P.S. to determine penalty liability)

5. 4000 Meridian Blvd.
(Street Address of Principal Office)
Franklin, TN 37067

6. 4000 Meridian Blvd.
(Mailing Address)
Franklin, TN 37067

2022 JAN 12 PM 2:20
SECRET
TALLAHASSEE, FL

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.

By: Corporation Service Company Eyelina Baker
Assistant Vice President

(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]:

Title or Capacity: Manager **Name and Address:** Name: Richard Willis
 Address: 4000 Meridian Blvd.
Franklin, TN 37067
 Person _____
 Other _____ Other _____

Title or Capacity: Manager **Name and Address:** Name: Nicole Slaughter
 Address: 4000 Meridian Blvd.
Franklin, TN 37067
 Person _____
 Other _____ Other _____

Title or Capacity: Manager **Name and Address:** Name: George Osuchukwu
 Address: 605 E San Antonio St.
Victoria, TX 77901
 Person _____
 Other _____ Other _____

Title or Capacity: Manager **Name and Address:** Name: Omar Hussain
 Address: 8300 Collier Blvd.
Naples, FL 34114
 Person _____
 Other _____ Other _____

Title or Capacity: Manager **Name and Address:** Name: Victor Treviño
 Address: 101 W. Village Blvd. Suite B
Laredo, TX 78041
 Person _____
 Other _____ Other _____

Title or Capacity: Manager **Name and Address:** Name: Richard Gallo
 Address: 8300 Collier Blvd.
Naples, FL 34114
 Person _____
 Other _____ 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

Richard Willis, Manager

 Typed or printed name of signee

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CHSPSC ACO 6, 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 TWELFTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CHSPSC ACO 6, LLC" WAS FORMED ON THE THIRD DAY OF MAY, A.D. 2017.

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



6399318 8300

SR# 20220103288

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.

Authentication: 202379782

Date: 01-12-22