

# State of Idaho

Office of the Secretary of State

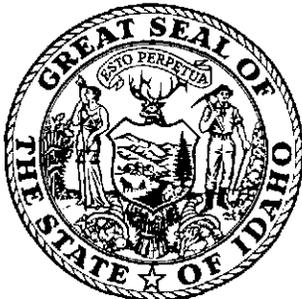
**CERTIFICATE OF REGISTRATION  
OF  
AUTOMATED HEALTHCARE SOLUTIONS LLC**

File Number W 167575

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: June 9, 2016



*Lawrence Denney*  
SECRETARY OF STATE

By *[Signature]*



# FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2016 JUN -9 PM 2:17

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the entity is: Automated HealthCare Solutions LLC

2. The name which it shall use in Idaho is: \_\_\_\_\_  
(Enter a name here, only if you are required to adopt an alternate name)

3. Select the type of entity you wish to register:

- Business Corporation
- Nonprofit Corporation
- Limited Liability Partnership
- Limited Liability Company
- General Partnership
- General Cooperative Association
- Limited Partnership (Including a limited liability limited partnership)
- Statutory Trust, Business Trust, or Common-law Business Trust

Other: \_\_\_\_\_  
(Use "Other" only if your foreign entity type is not listed above, and enter the type here.)

4. Jurisdiction of formation: Florida  
(Provide the domestic jurisdiction where the entity was formed)

5. The address of its principal office is:  
2901 SW 149 Avenue, Suite 400,, Miramar, FL 33027  
(Street Address)

(Mailing Address, if different)

6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  
2901 SW 149 Avenue Ste 400, Miramar, FL 33027  
(Street Address)

(Mailing Address, if different)

7. The mailing address to which correspondence should be addressed, if different from item 5, is:  
\_\_\_\_\_  
(Address)

8. The name of the registered agent and street address of registered agent in Idaho:  
C T Corporation System, 921 S Orchard Street, Suite G, Boise, Idaho 83705  
(Name) (Address)

9. The name, capacity, and mailing address of at least one governor: SEE ATTACHMENT  
Erik Brooks, MANAGER, 2901 SW 149 Avenue, Suite 400,, Miramar, FL 33027  
(Name) (Capacity) (Address)

Gerald G. Glass, MANAGER, 2901 SW 149 Avenue, Suite 400,, Miramar, FL 33027  
(Name) (Capacity) (Address)

Signature:

Typed Name: Rochelle S. Matza

Capacity: Chief Administrative Officer

Secretary of State use only

IDAHO SECRETARY OF STATE  
06/09/2016 05:00  
CK: PREPAID CT: 278665 BH: 1532501  
1@ 100.00 = 100.00 FOR REG ST #2  
1@ 20.00 = 20.00 EXPEDITE C #3

W167575

# *State of Florida*

## *Department of State*

I certify from the records of this office that AUTOMATED HEALTHCARE SOLUTIONS LLC is a limited liability company organized under the laws of the State of Florida, filed on December 19, 2007, effective January 1, 2008.

The document number of this limited liability company is L07000125553.

I further certify that said limited liability company has paid all fees due this office through December 31, 2016, that its most recent annual report was filed on April 21, 2016, and that its status is active.

*Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this  
the Eighth day of June, 2016*



*Ken Detjmer*  
*Secretary of State*

Tracking Number: CU7660588592

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>