

State of Idaho

Office of the Secretary of State

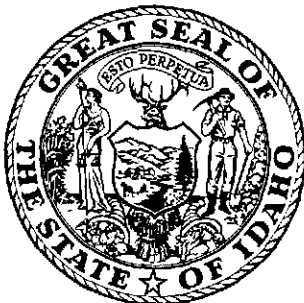
**CERTIFICATE OF REGISTRATION
OF
ASCENTIAL CARE PARTNERS, LLC**

File Number W 202930

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: May 24, 2018



Lawrence Denney
SECRETARY OF STATE

By _____

S. J. Mills



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

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

Complete and submit the form in duplicate.

2018 MAY 24 AM 8:58

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Ascential Care Partners, 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 ☐ General Partnership
☐ Nonprofit Corporation ☐ General Cooperative Association
☐ Limited Liability Partnership ☐ Limited Partnership (Including a limited liability limited partnership)
☒ Limited Liability Company ☐ 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: Kentucky
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
333 W. Vine Street, Suite 300, Lexington, KY 40507
 (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:
333 W. Vine Street, Suite 300, Lexington, KY 40507
 (Street Address)

 (Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:
1301 6th Avenue West, Bradenton, FL 34205
 (Address)
8. Name and street address of registered agent in Idaho:
Corporation Service Company 12550 W. Explorer Drive, Suite 100, Boise, ID 83713
 (Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Steve Herrig</u>	<u>Manager</u>	<u>1301 6th Avenue West, Bradenton, FL 34205</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Typed Name: Steve Herrig

Signature: _____

Capacity: Manager

Secretary of State use only

IDAHO SECRETARY OF STATE

05/24/2018 05:00

CK:455 CT:358280 BH:1645512

1@ 100.00 = 100.00 FOR REG ST #2

W 202930

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 202160

Visit <https://app.sos.ky.gov/fishow/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

Ascential Care Partners, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is November 14, 2011 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 2nd day of May, 2018, in the 226th year of the Commonwealth.



Alison Lundergan Grimes

Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
202160/0805400