## **Secretary of State**

LLC-5

## Application to Register a Foreign Limited **Liability Company (LLC)**

File No.: 202465014426 Date Filed: 12/17/2024

For Office Use Only

-FILED-

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Alota: Degistered LLCs in California may have to now minimum \$900 tay to the

B3280-1429 12/17/2024

California Franchise Tax Board each year. For more information, got							
https://www.ftb.ca.gov/.			This Space For Office Use Only				
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	d Certificate of Go		<u> </u>		<u></u>		
AHSC VCA LLC							
1b. California Alternate Name, If Required (Only enter an alterna	te name if the LL0	name in 1a no	ot available in Ca	lifornia.)	)		
			<u></u>	<del></del>			
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Goo	d Standing.)					
a. Jurisdiction (State, foreign country or place where this LLC is formed.)							
Delav	vare						
b. Authority Statement (Do not alter Authority Statement)							
This LLC currently has powers and privileges to conduct business.	ess in the stat	e, foreign co	untry or place	enter	ed in Ite	m 2a.	
3. Business Addresses (Enter the complete business addresses. Ite	ems 3a and 3b car	not be a P.O. I	Box or "in care of	an ind	ividual or	entity.)	
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbrevi	ations)		State	Zip Code		
161 Rosa L Parks Blvd	Nashville	shville			37203		
b. Street Address of Principal Office in California, If any - Do not enter a P.O. Box	City (no abbreviations)			State	Zip Code		
				CA	L		
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	<b>√</b> 3a						
d. Mailing Address - if different than item 3a or 3b	City (no abbreviations)			State	Zip Code		
4. Service of Process (Must provide either Individual OR Corporation.	.)						
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full	name and Californ	nia street addre	ess.			· · · · · · · · · · · · · · · · · · ·	
a. California Agent's First Name (if agent is <b>not</b> a corporation)	Middle Name	\ L	ast Name			Suffix	
b. Street Address (if agent is <b>not</b> a corporation) - Do <b>not enter a P.O. Box</b>	City (no abbrevi	City (no abbreviations)		State	Zip Co	de	
				CA			
CORPORATION - Complete Item 4c only. Only include the name of the	registered agent (	Corporation.					
c. California Registered Corporate Agent's Name (if agent is a corporation) - Do no	ot complete Item 4a	or 4b					
Corporation Service Company Which Will Do Business In Califo	rnia As CSC -	Lawyers Inc	orporating Se	rvice			
5. Read and Sign Below (Title not required.)							
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	herein is true	and correct	and that I am	autho	rized to	sign	
Limitation	Tim Ho	orton					
Signature		Type and Print Name					

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2023 California Secretary of State bizfileOnline.sos.ca.gov

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AHSC VCA 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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AHSC VCA LLC"

WAS FORMED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2024.

THE SIXTEENTH DAY OF DECEMBER, A.D. 2024.

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



Authentication: 205151926

Date: 12-16-24