

STATE OF ALABAMA

DOMESTIC LIMITED LIABILITY COMPANY (LLC)
CERTIFICATE OF FORMATION



20150121000023010 1/3 \$158.00
Shelby Cnty Judge of Probate, AL
01/21/2015 03:13:47 PM FILED/CERT

PURPOSE: In order to form a limited liability company (LLC) under Section 10A-5A-2.01 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the entity's initial registered office is located. **The information required in this form is required by Title 10A.**

INSTRUCTIONS: Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the limited liability company's (LLC) registered office is/will be located. Contact the Judge of Probate's Office to determine the county filing fees. **Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00** for standard filing (based on date of receipt and volume) **or \$200.00 for expedited service** (processed within approximately 3 business days after date of receipt from the County Probate Office) and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is issued. Once the Secretary of State's Office has indexed the filing the information will appear at www.sos.alabama.gov under the Government Records tab and the Business Entity Records link – you may search by entity name. Your notification of filing was provided by the Probate Judge's Office via a stamped copy which is evidence of existence (if it is certified by Probate Office) according to 10A-1-4.04(c) and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment. Your entity will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored.

(For County Probate Office Use Only)

The information completing this form must be typed or laser printed.

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with Code of Alabama, Title 10A-1-5.06):

Transcending Care LLC

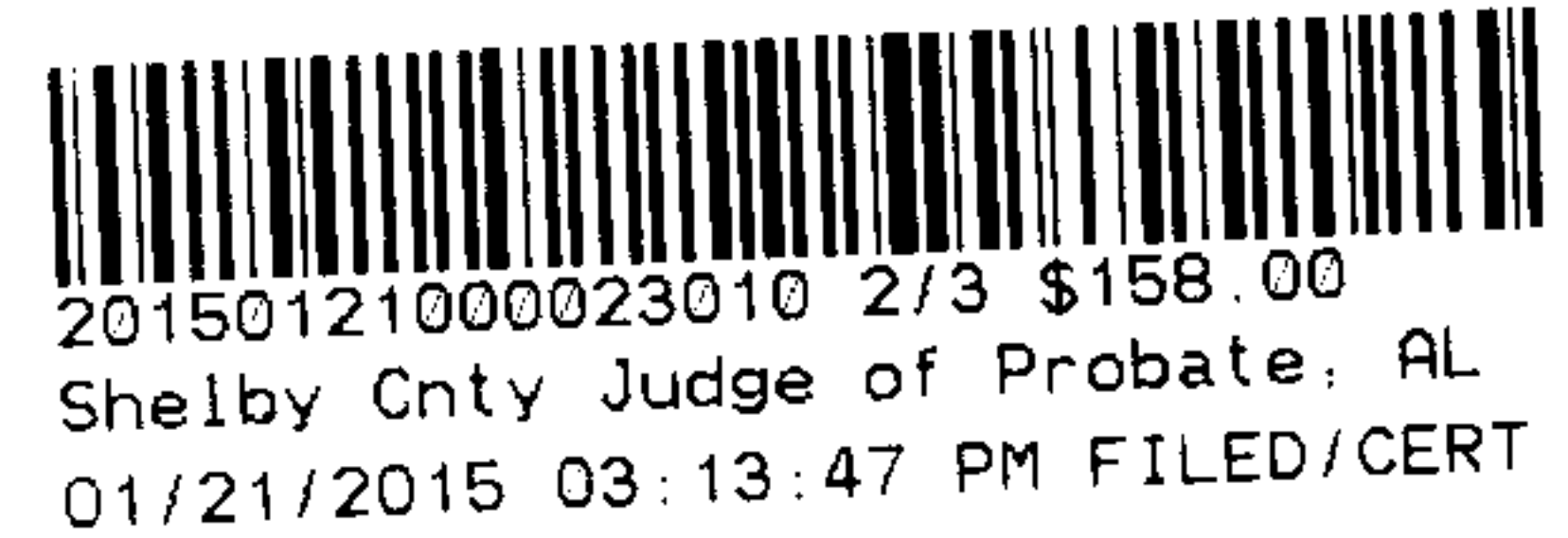
2. A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached [proves name reservation under 10A-1-4.02(f)].

(For SOS Office Use Only)

This form was prepared by: (type name and full address)

Nicola Revills
303 Kilkerran Lane
Pelham, AL 35124

DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION



3. The name of the Registered Agent: Ellery Joel Revills

Street (**No PO Boxes**) address of Registered Office (must be located in Alabama):

303 Kilkerran Lane, Pelham, AL 35124

Mailing address of Registered Office (if different from street address): _____


4. There is at least one member of the limited liability company.

5. The filing of the limited liability company is effective immediately on the date filed by the Judge of Probate or at the delayed filing date (later date) specified in this filing (no more than 90 days after date of signing of this document). 10A-1-4.12

The undersigned specify 01 / 21 / 2015 as the effective date (must be on or after the date filed in the office of the county Judge of Probate, but not more than 90 days after the date of signing of the document) and the time of filing to be 10: 00 AM

☒ Attached are any other matters the members determine to include herein and/or, if applicable, any statements required to meet 10A-5A-11.02(b)(3) requirements.

01 / 21 / 2015
Date (MM/DD/YYYY)


Signature as required by 10A-5A-2.04

Nicola Revills
Typed Name of Above Signature

N/A
Typed Title (Organizer or Attorney-in-fact)

Additional Organizers may sign (add additional sheets if necessary).

/ /
Date (MM/DD/YYYY)

Signature as required by 10A-5A-2.04

Typed Name of Above Signature

Typed Title (Organizer or Attorney-in-fact)

Jim Bennett
Secretary of State

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Shelby Cnty Judge of Probate, AL
01/21/2015 03:13:47 PM FILED/CERT

P.O. Box 5616
Montgomery, AL 36103-5616

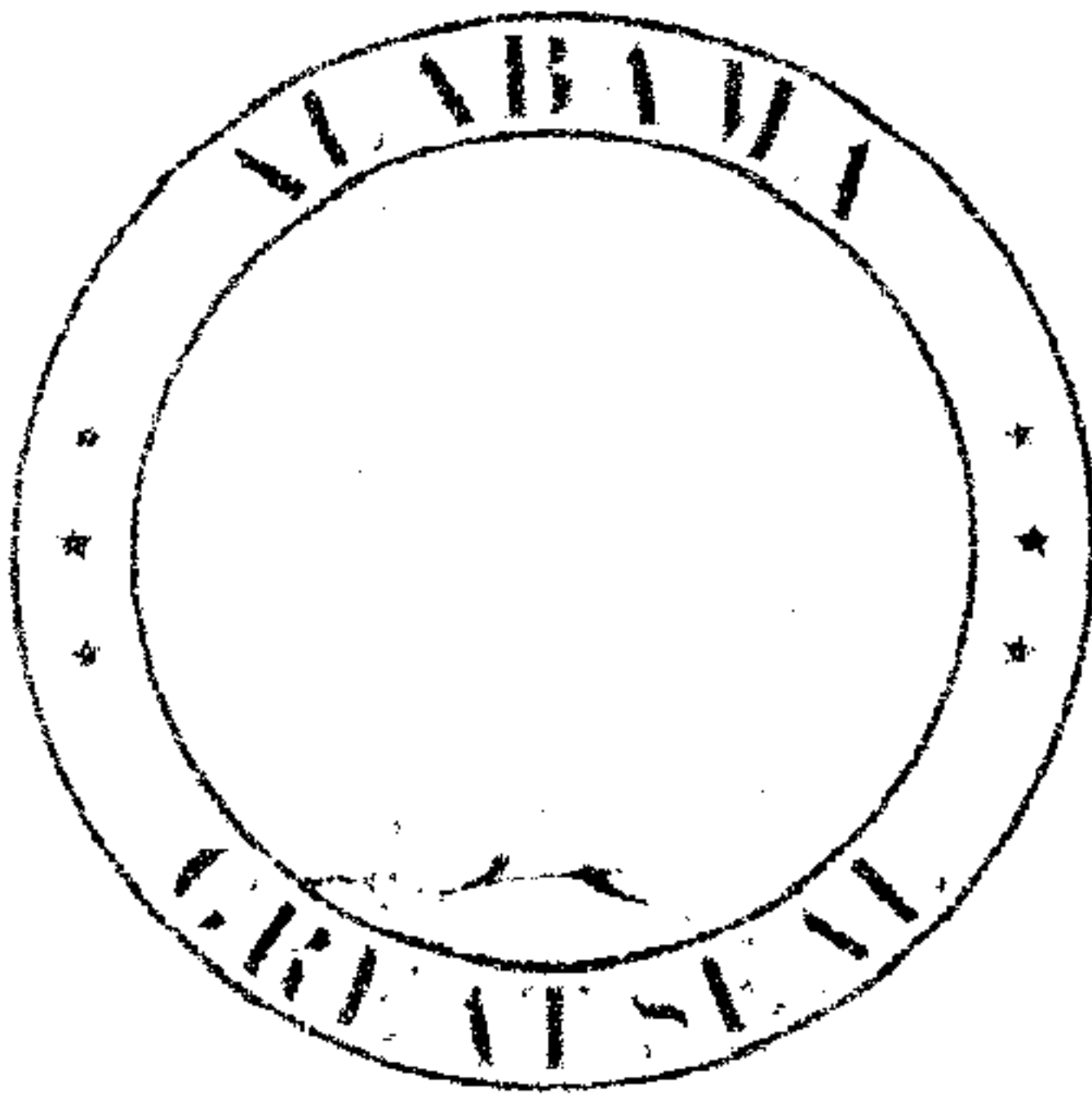
STATE OF ALABAMA

**I, Jim Bennett, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama
1975, and upon an examination of the entity records on file in this office, the
following entity name is reserved as available:

Transcending Care LLC

This name reservation is for the exclusive use of Nicola Revills, 303 Kilkerran
Lane , Pelham, AL 35124 for a period of one year beginning January 08, 2015 and
expiring January 08, 2016



RES677412

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

January 08, 2015

Date

A handwritten signature in black ink, appearing to read "Jim Bennett", is written over a horizontal line.

Jim Bennett

Secretary of State