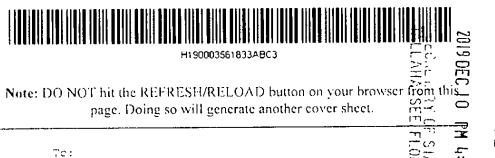
## Division of Corporations

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(((H19000356183 3)))



Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: jennifer.rivard82@gmail.com

## Foreign Limited Liability Company PACIFIC MEDICAL DME, LLC

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## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign L	armted Liability Company, must include "Lum	ed Liability Comp	vany, ''LLC, ''or LL	.C ")	
कार प्राप्त क्रांकिल, स्वास्त क्रीस्ताक्षर तक	me adopted for the purpose of transacting business in F	locada. The alternate r	name must include "Lutate	d Liabdity Company,	""LLC," अ "l
Delaware		3.			
(Jurudiction under the law of wha	ch tracefur jumied papilità combanti, is ordanized)		(i.E.	combes & applicable	2010
06 01 2019				VEC VIIA	
	(Date first transacted business in Florida, if prior t (See sections 605 0904 & 605,0905; F.S. to deter	o registration )		YaSk ZaSk	5
111 2nd Ave NE Ste 3		6.	2nd Ave NE Ste 3		
(Street Adaress of Pr	recepti Othice)	- <u></u>	() lauling		****
St Petersburg, FL 3370	I	St Pe	tersburg. FL 3370	1 P 7	
Name and street address Name:	s of Florida registered agent: (P.O. Be Anthony Comparetto	ox <u>NOT</u> accept	table)		
	ALLE ALL NET CO-OLD				
Office Address:	111 2nd Ave NE Ste 914	<del></del>	<del></del>		
Office Address:	St Petershure		33701 , Florida(Zл	p coće)	

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 surface performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered against infanta)

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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		Name and Address:
[]Manager	Name:	Manager Manager	Name:	
■Member	Address: 2655 Ulmerton Rd #415	Member	Address:	
Authorized	Clearwater, FL 33762	Authorized		
Person		Person		
Otber	<b>—</b>	Other		Other
			_,	2019 DEC SEĈAL
Manager	Name:	Manager Manager	Name:	(V) -
□Member	Address:	Member	Address: _	35 TO F
Anthorized		Authorized		-η' <u>ΙΚ</u>
Person		Person		STATE ORID
Other	Other	Other	<del></del>	Other
☐Manager	Name:	Manager Manager	Name:	
Member	Address:	Member	Address: _	
Authorized		Authorized	<u> </u>	
Person	<u></u>	Person		
Other	Other			Other
9. Attached is a cer jurisdiction under of the translator m	Use an attachment to report more than six (6) s may be added to the index when filing your mificate of existence, no more than 90 days of the law of which it is organized. (If the certifiest be submitted)  It is executed in accordance with section 605.0 nument to the Department of State constitutes in the constitutes of the constitute of the constitutes of the constitute of the constitu	Florida Department of Sta ld, duly authenticated by thi icate is in a foreign language 203 (1) (b), Florida Staton	nte Annual Rej ne official hav ge, a translatio	port form.  ing custody of records in the on of the certificate under oath that any false information
		ped or priceed name of signate	1/100	10

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## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PACIFIC MEDICAL DME, 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 FOURTH DAY OF DECEMBER, A.D. 2019.\_\_\_

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PACIFIC MEDICAL DME, LLC" WAS FORMED ON THE TENTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BE THAT THE TAXES HAVE BE TH

6278174 8300

SR# 20198416912

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jactivey W. Ballineth, Emergency of State )

Authentication: 204129691

Date: 12-04-19