M2200000715

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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8. HAWKES JAN- = 2021 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | |
|--|--|--|--|--|--|
| REFERENCE : 365308 7984293 | | | | | |
| AUTHORIZATION: Spelle of an | | | | | |
| COST LIMIT : (\$ 125.00 | | | | | |
| ORDER DATE : January 6, 2022 | | | | | |
| ORDER TIME : 8:25 AM | | | | | |
| ORDER NO. : 365308-001 | | | | | |
| CUSTOMER NO: 7984293 | | | | | |
| | | | | | |
| FOREIGN FILINGS | | | | | |
| | | | | | |
| NAME: DOSF HOLD CO LLC | | | | | |
| | | | | | |
| XXXX QUALIFICATION (TYPE: LL) | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING | | | | | |
| CONTACT PERSON: Alexxis Weiland EXT# | | | | | |

EXAMINER:

COVER LETTER

TO:

Registration Section

| | ision of Corporations DOSF HOLD CO LLC | | | | | |
|---------------------------------------|--|--|--|--|--|--|
| SUBJECT: | Name | e of Limited Liability Company | | | | |
| | | Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Flori | | | | |
| Please returr | all correspondence concerning this matter to | o the following: | | | | |
| | Maryann Ricci | | | | | |
| | Name of Person | | | | | |
| | DOSF Hold Co LLC | | | | | |
| | Firm/Company | | | | | |
| | 835 Canary Walk | | | | | |
| | Address | | | | | |
| | Delray Beach, Florida 33483 | | | | | |
| | C | ity/State and Zip Code | | | | |
| | maryannricci77@yahoo.com | | | | | |
| | E-mail address: (to be | e used for future annual report notification) | | | | |
| For further i | nformation concerning this matter, please cal | и: | | | | |
| Ma | ryann Ricci | 646 499-1153 at () | | | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | | | | |
| Mailing Address: Registration Section | | Street Address: Registration Section | | | | |
| Division of Corporations | | Division of Corporations | | | | |
| | D. Box 6327 | The Centre of Tallahassee | | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | |
| Ple | closed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee | e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate | | | | |

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| | name adopted for the purpose of transacting business in Flo | | | lity Company," "L.L.C," or " | LLC.") |
|---|--|---------------------------------|--|------------------------------|---------|
| 2. | | | 7-3996695 | | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | _ | (FEI number, | if applicable) | - |
| 1 | | | | | |
| | (Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605,0905, F.S. to determin | egistration.) e penalty liab | ility) | | |
| 835 Canary Walk | | 83 | 35 Canary Walk | | |
| Street Address of Principal Office) | | 6 | 6. (Mailing Address) | | |
| | | | | | |
| Delray Beach, FL 33 | 483 | De | elray Beach, FL 33483 | | - |
| Name and street address | s of Florida registered agent: (P.O. Box | NOT | | 25 | - |
| . Name and sacci adapts | 3 of Fronda registered agent. (r.O. Bux | NOT acce | ергаоте) | 17-4 17-1 | 1 to |
| Name: | Corporation Service Company | | | 12 | 111 7 |
| | 1201 Hays Street | | | PM 4: | £ 1 2 |
| 0.00 | · · · · · · · · · · · · · · · · · · · | | | . iva 🚗 | |
| Office Address: | | | | 고 : | |
| Office Address: | Tallahassee | | 32301 Florida | 1:17 1:17 | |
| Office Address: | | | 32301 , Florida |) FEE | |
| egistered agent's accep | Tallahassee (City) | | , Florida (2ip code) | _ 27 7 | |
| egistered agent's accep aving been named as re | Tallahassee (City) tance: gistered agent and to accept service of pr | rocess for | , Florida (2ip code) | bility company at th | e place |
| Registered agent's accep Having been named as re designated in this applicat o comply with the provisi | Tallahassee (City) tance: gistered agent and to accept service of prition, I hereby accept the appointment as ons of all statutes relative to the proper a | registerea | , Florida (Zip code) the above stated limited lia | bility company at th | her agi |
| Registered agent's accep Having been named as re Jesignated in this applicat o comply with the provisi | Tallahassee (City) tance: gistered agent and to accept service of pr | registerea | , Florida (Zip code) the above stated limited lia | bility company at th | her agr |

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: | Title or Capacity: | Name and Address: |
|----------------------|---|-----------------------|---------------------------------------|
| ■Manager | Name: Maryann Ricci | □Manager | Name: Rome Holding Co, LLC |
| □Member | Address: 835 Canary Walk | ■Member | Address: 835 Canary Walk |
| □Authorized | Delray Beach, FL 33483 | □Authorized | Delray Beach, Florida 33483 |
| Person | | Person | |
| □Other | □Other | □Other | Other |
| □Manager | Name: Medicorum Acquisitions Fund, | □Manager | Name: |
| ≅ Member | Address: 2300 Weston Road STE 202 | □Member | Address: |
| □Authorized | Weston, Florida 33326 | □Authorized | |
| Person | | Person | |
| □Other | Other | □Other | □Other |
| □Manager | Name: | □Мападег | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| Other | Other | □Other | Other |
| Important Notice: Us | se an attachment to report more than six (6). The a | ttachment will be ima | ged for reporting purposes only. Non- |

indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

| | M | |
|---------------|-----------------------------------|--|
| | Signature of an authorized person | |
| Maryann Ricci | | |
| | Typed or printed name of signee | |

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "DOSF HOLD CO 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 TENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DOSF HOLD CO LLC" WAS FORMED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2021.

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

Authentication: 202362622

Date: 01-10-22

6463316 8300 SR# 20220083948