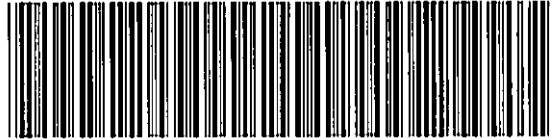


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NAME: DMESCRIPTS LLC

TYPE OF FILING: APPLICATION

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Attelage

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DMESCRIPTS LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kris Nicholas

Name of Person

Unisearch, Inc.

Firm/Company

4 Venture, Suite 280

Address

Irvine, CA 92618

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (_____) _____
Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

1. DMESCRIPST LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. in determining primary liability)

5. 7353 Company Drive
(Street Address of Principal Office)

6. _____
(Mailing Address)

Indianapolis, IN 46237

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI SERVICES, INC.

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

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

Jennifer DuRussel
(Registered agent's signature) Jennifer DuRussel Assistant Secretary

FILED
22
SEP 26 AM 7:29


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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>American Association for Homecare</u>	<input type="checkbox"/> Manager	Name: <u>Apria Healthcare Group LLC</u>
<input checked="" type="checkbox"/> Member	Address: <u>241 18th Street South</u>	<input checked="" type="checkbox"/> Member	Address: <u>7353 Company Drive</u>
<input type="checkbox"/> Authorized Person	<u>Suite 500</u> <u>Arlington, VA 22202</u>	<input type="checkbox"/> Authorized Person	<u>Indianapolis IN 46237</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>AdaptHealth LLC</u>	<input type="checkbox"/> Manager	Name: <u>Lincare Inc.</u>
<input checked="" type="checkbox"/> Member	Address: <u>220 West Germantown Pike</u>	<input checked="" type="checkbox"/> Member	Address: <u>19387 U.S. 19 North</u>
<input type="checkbox"/> Authorized Person	<u>Plymouth Meeting, PA 19460</u>	<input type="checkbox"/> Authorized Person	<u>Clearwater FL 33764</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Rotech Healthcare Inc.</u>	<input type="checkbox"/> Manager	Name: <u>VGM Group, Inc.</u>
<input checked="" type="checkbox"/> Member	Address: <u>3600 Vineland Roach</u>	<input checked="" type="checkbox"/> Member	Address: <u>1111 W. San Marnan Drive</u>
<input type="checkbox"/> Authorized Person	<u>Suite 114</u> <u>Waterloo, IA 50704</u>	<input type="checkbox"/> Authorized Person	<u>Waterloo IA 50704</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged 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.



Signature of an authorized person

Michael-Bryant Hicks

Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DMESCRIPTS 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 JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DMESCRIPTS LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JULY, A.D. 2021.

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



6128991 8300

SR# 20220023841

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202313682

Date: 01-04-22