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Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address:_____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
LIFEPORT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$155.00

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2023 MAY -2 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FL

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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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. LifePort, 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. Washington
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-3562164
(FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1610 Heritage Street
(Street Address of Principal Office)

Woodland, WA 98674

6. 1610 Heritage Street
(Mailing Address)

Woodland, WA 98674

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee, Florida 32301
(City) (Zip code)

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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.

Taylor Seay
(Registered agent's signature)

Taylor Seay, Asst. Secretary on behalf of Capitol Corporate Services, Inc.

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: TAC LifePort Purchaser LLC	☐ Manager	Name: Jason Darley
☒ Member	Address: 14034 South 145 East, Suite 300	☐ Member	Address: 1610 Heritage Street
☐ Authorized	Draper, UT 84020	☐ Authorized	Woodland, WA 98674
Person		Person	
☐ Other	☐ Other	☒ Other Chief Executive Officer	☐ Other
☐ Manager	Name: Ryan Stratton	☐ Manager	Name: David Parkin
☐ Member	Address: 14034 South 145 East, Suite 300	☐ Member	Address: 14034 South 145 East, Suite 300
☐ Authorized	Draper, UT 84020	☐ Authorized	Draper, UT 84020
Person		Person	
☒ Other President	☐ Other	☒ Other Vice President and Secretary	☐ Other
☐ Manager	Name: Aubrey Burnett	☐ Manager	Name:
☐ Member	Address: 14034 South 145 East, Suite 300	☐ Member	Address:
☐ Authorized	Draper, UT 84020	☐ Authorized	
Person		Person	
☒ Other Vice President and Treasurer	☐ Other	☐ Other	☐ 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.

DocuSigned by:
Jason Darley
Signature of an authorized person

Jason Darley
Typed or printed name of signee

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, **STEVE R. HOBBS**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

LIFEPORT, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 06/15/1990.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/31/2023
UBI Number: 601 255 951

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 03/31/2023