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Florida Department of State
Division of Corporations
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To:

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: greg@radianthealthsolutions.com

Foreign Limited Liability Company
The Wound Docs, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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TALLAHASSEE, FL

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0802, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. The Wound Does, LLC
 (Name of foreign limited liability company, must include "limited liability company", "LLC", or "LLC")

(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "limited liability company", "LLC", or "LLC")

2. Delaware 870936629
 (Jurisdiction under the law of which foreign limited liability company is organized) 3. (EIT number, if applicable)

4. July 1, 2021
 (Date first transacted business in Florida, if prior to registration)
 (See sections 605.0803 & 605.0805, F.S. to determine penalty liability)

5. 20801 Biscayne Blvd, Suite 403
 (Street Address of Principal Office)
 Aventura, FL 33180
 6. 20801 Biscayne Blvd, Suite 403
 (Mailing Address)
 Aventura, FL 33180

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

Name: Registered Agents Inc.
 Office Address: 7901 4th Street N, Ste 300
 St. Petersburg 33702
 (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.

Bill Hume
 (Registered agent's signature)

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>The Wound Pros, LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>4640 Admiralty Way, Ste 500</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Marina del Rey, CA 90292</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>Radiant Health Solutions, LLC</u>	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: <u>20801 Biscayne Blvd, Ste 403</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Aventura, FL 33180</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>R&S Health & Wellness</u>	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: <u>Consultants, LLC</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>77 Sugar Creek Center, Ste 600</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Sugar Land, TEXAS 77478</u>	Person	_____
<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

Gregory D. Nakagawa

Typed or printed name of signer

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE WOUND DOCS, 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 EIGHTEENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE WOUND DOCS, LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MAY, A.D. 2021.

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



5944951 8300

SR# 20212489705

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

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

Authentication: 203481307

Date: 06-18-21

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