

8/31/23, 1:53 PM

Division of Corporations

# M23000011386

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 : 12088000045  
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: \_\_\_\_\_

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2023 SEP -1 AM 5:49

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

### Foreign Limited Liability Company Somnio Health Solutions, LLC

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

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FILED

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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. Somnio Health Solutions, 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. 03-3048870 (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0935, F.S. to determine penalty liability)

5. 20801 Biscayne Blvd (Street Address of Principal Office)
Suite 403
Aventura, FL 33180
6. 20801 Biscayne Blvd (Mailing Address)
Suite 403
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, Florida 33702
(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.

David Roberts
(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]:

**Title or Capacity:**  Manager  Member  Authorized Person  Other

**Name and Address:**  
 Name: Radiant Health Solutions, LLC  
 Address: 20801 Biscayne Blvd  
 Suite 403  
 Aventura, FL 33180

**Title or Capacity:**  Manager  Member  Authorized Person  Other

**Name and Address:**  
 Name: Wound Pros Enterprises  
 Address: 4640 Admiralty Way  
 Suite 500  
 Marina del Rey, CA 90292

Manager  Member  Authorized Person  Other

Name: Gregory D. Nakagawa  
 Address: 20801 Biscayne Blvd  
 Suite 403  
 Aventura, FL 33180

Manager  Member  Authorized Person  Other

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Manager  Member  Authorized Person  Other

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

Manager  Member  Authorized Person  Other

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

**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

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOMNIO HEALTH SOLUTIONS, 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOMNIO HEALTH SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2023.

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



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204076738

Date: 08-31-23