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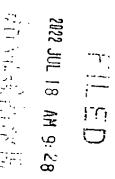
(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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COVER LETTER

	tion Section of Corporations			
SUBJECT:	Inspiration Name o	Anesthe	sia, Inc.	
	Name o	f corporation - m	ist include suffix	
Dear Sir or Mada	am:			
"Certificate of E	pplication by Foreign Conxistence," or "Certificate of foreign corporation to tra	of Good Standing	" and check are sub	·
Please return all	correspondence concernir	ng this matter to the	ne following:	
	M_{a}	ria Willi	am 5	
	X	Name of Pers	on	
	Inspiration	Anesti	resia, In	C
	5671 W	good land	Sage Dr	
	Sarasota	FLorido	34238 ip code	7
	In spirat	rion. anes	iture annual report n	mail, com
	E-man address.	(to be used for it	iture annuar report n	iotification)
	mation concerning this ma	•		
Maria	William 5	ar (904)	629 371	9
Name o	f Person	Area Code	Daytime Telepl	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		S:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	cek for the following amore payable to: FLORIDA DE Fee \$78.75 Filing Certificate o	PARTMENT OF Bree & \$75	STATE 8,75 Filing Fee & rtified Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Inspiration Anesthesia Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Oklahoma
3. (State or country under the law of which it is incorporated)
4. 4-19-2017
5. Perpetual
(Date of incorporation)
(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 5671 Wood land Sage Pr Sarasota, Florida 34238 (Zip code) Office Address: 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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. Maia Williams

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

under the law of which it is incorporated.

A. DIRECTORS						
Ó Chairman	Name: Maria Williams		Name: Riley Williams			
□Vice Chairman	Address: 5671 Woodland Sage	y . □Vice Chairman	Address: 5671 Wood land			
Director	Sarasota, Fl 34338	□Director	Sarasota, FL 3423			
□President		President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other	Other	□Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chaiπnan	Address:	□Vice Chairman	Address;			
□Director		□Director				
□President		□President	 			
□Vice President		□Vice President				
☐ Secretary	☐Treasurer	Secretary	□Treasurer			
□Other		□Other				
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address;	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President		□Vice President	· · · · · · · · · · · · · · · · · · ·			
□Secretary	☐Treasurer	☐ Secretary	□Treasurer			
□Other		□Other	□Other			
Important Notice: Individuals may be	Use an attachment to report more than six (6). The attended to the index when filing your Florida Departy	nent of State Annual R	eport form.			
12	Kly Will	V				
Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.						
13. Cyped or printed name and capacity of person signing application)						

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC FOR PROFIT BUSINESS CORPORATION

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>INSPIRATION ANESTHESIA</u>, <u>INC.</u> whose registered agent is <u>MARIA_WILLIAMS</u>, with its registered office at <u>3007 MERIWEATHER ROAD EDMOND 73003 USA</u> Oklahoma is a <u>Domestic For Profit Business Corporation</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>5th</u>, day of <u>July</u>, 2022.

Secretary Of State