F2400000 5985

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Tallahassee, FL 32312

11/21/2024

D	ate:	11/21/2024	- 4: CDW	
		Acc#I20160000072	and the second	
Name:	United Wou	nd Healing P.S.		
Document #:				
Order #:	15979677			
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of				
Apostille/Notarial Certification:		Country of Destination: Number of Certs:		
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Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount:	\$ 78.75		

COVER LETTER

TO: Registration Section Division of Corporations					
SHRI	 ድረግ∙	United Wound Healing P.S.			
3000	1,01.	Name of	corporation -	must include suffix	
Dear S	ir or M	adam:			
"Certif	icate o	"Application by Foreign Corf Existence," or "Certificate of ced foreign corporation to tra	of Good Standi	ng" and check are submitte	isiness in Florida." ed to register the
Please	rcturn	all correspondence concernin	g this matter to	the following:	
Ben W	erthan				
	<u>-</u>		Name of Pe	erson	
Stokes	Lawrer	ice, P.S. (outside counsel for Sul	oject Corporatio	n)	
			Firn/Compa	iny	
1420 5	th Ave	Suite 3000			
•	•		Address	3	
Seattle	, WA 9	8101			
	_		City/State and	Zip code	
bpw@	stokesla				
		E-mail address:	(to be used for	future annual report notif	ication)
For fu	rther in	formation concerning this ma	mer, please cal	1:	
Ben W	Name of Person at (206) Area Code Daytime Telephone Number				
	Nan	e of Person	Area Code	Daytime Telephone	: Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please	make c	check for the following amo heck payable to: FLORIDA DE ling Fee	PARTMENT (g Fee &	OF STATE \$78.75 Filing Fee & C Certified Copy	3 \$87.50 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.

United Wound I				
(Enter name of co	orporation; must include "INCORPORATEL orp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATIC	",и(
(If name unavaila	ble in Florida, enter alternate corporate nam	e adopted for the purpose of transacti	ing business in Florida)	
WA	3	3 .		
(State or country	y under the law of which it is incorporated)	(FEI number, if a	ipplicable)	
September 8, 20	15			
(Date	of incorporation)	(Date of duration, if other	(Date of duration, if other than perpetual)	
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liab	ility)	
413 29th St NE S	te 1, Puyallup, WA 98372-7050			
<u>.</u>	(Principal o	ffice street address)		
PO Box 24081, S	Seattle, WA 98124-0081			
	(Current mai	ling address, if different)		
Name and street	t address of Florida registered agent: (P	P.O. Box NOT acceptable)		
Name:	NRAI Services, Inc.			
,	1200 South Pine Island Road		11 To	
ffice Address:		22274	2024 NOV 22	
	Plantation	Florida 33324 (Zip code)	NO T	
	(City)	(Zip code)	N	
. Registered ag	ent's acceptance:		~	
esignated in this arther agree to c	ned as registered agent and to accept ser application, I hereby accept the appoin omply with the provisions of all statute, with and accept the obligations of my	itment as registered agent and ag s relative to the proper and comp	угеело асындык сарасы	
	Davis Davis			
_		Westcott, Assistant Secretary	_	
	(Registered agent).	s signature)		

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.

Docusign Envelope ID: F0035762-055A-40C1-8D05-9A3DE23AD639

A. DIRECTORS Scott E. Hormel Ryan Dirks □ Chairman □ Chairman Name: 413 29th St NE, Ste 1 413 29th St NE, Ste 1 ☐ Vice Chairman Address: Address: □ Vice Chairman Puyallup, WA 98372 Puvallup, WA 98372 □ Director □ Director □President President ■ Vice President ☐ Vice President ___ ☐ Treasurer Treasurer | ■ Secretary □ Secretary ■Other CEO □ Other _____ □Other _____ □Other ______ □ Chairman Name: _____ Name: □ Chairman □Vice Chairman Address: Address: ______ □ Vice Chairman □ Director □ Director □President □President □Vice President □Vice President □Treasurer □ Secretary ☐Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ Name: _____ Name: ______ □Chairman Chairman Address: ______ □Vice Chairman □Vice Chairman Address: ______ □ Director □ Director □ President □President ☐ Vice President □Vice President ____ ☐ Treasurer □ Secretary ☐ Secretary □ 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. Signature of Director or Officer F39656E9865E46E.. 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. Ryan Dirks, President

The State of



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

UNITED WOUND HEALING P.S.

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 09/08/2015.

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: 10/14/2024 UBI Number: 603 539 232

LR Hollie



0.55.6555

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: 10/14/2024