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Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850) 617-6363

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

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

Email Address: phillip.734@att.net

**Foreign Limited Liability Company**  
**EDEN TREE MEDICAL L.L.C**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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| Page Count            | 02       |
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K. SALY  
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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. EDEN TREE MEDICAL, L.L.C.

(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. NEW YORK

3. 82-4480797

(Jurisdiction under the law of which foreign limited liability  
company is organized)

(FEI number, if applicable)

4. UPON FILING

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

5. 793 MCLEAN AVENUE YONKERS, NY 10704

(Street Address of Principal Office)

6. 793 MCLEAN AVENUE YONKERS, NY 10704

(Mailing Address)

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

Name: BlumbergExcelsior Corporate Services, Inc.

Office Address: 155 OFFICE PLAZA DRIVE, 1st Fl.

TALLAHASSEE

(City)

Florida 32301

(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.

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

MARTIN C. SHERIDAN- MEMBER 793 MCLEAN AVENUE YONKERS, NY 10704

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)

Signature of an authorized person

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.

MARTIN C. SHERIDAN

Typed or printed name of signer

FILED  
18 MAR -2 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

State of New York  
Department of State } ss:

I hereby certify, that EDEN TREE MEDICAL, L.L.C. a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/20/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.

I further certify, that no other documents have been filed by such Limited Liability Company.



\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 01st day of March  
two thousand and eighteen.

A handwritten signature in dark ink, appearing to read "Brendan W. Fitzgerald", is written over a horizontal line.

Brendan W. Fitzgerald  
Executive Deputy Secretary of State

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18 MAR -2 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA