## Florida Department of State

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Division of Corporations

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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.\*\*

Enail Address: tomrla@gmail.com

Foreign Limited Liability Company Health Trust LLC

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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TUMITED HABILITY COMPANY/TOTRANSACT BUSINESS INTHE STATE OF FLORIDA:

1. Health Trust LLC	Limited Unibility Company; must include "Cim	med Liability	Company, "L.L.C." or "LLC.")	
Fit Trust LLC				
	ame adopted for the purpose of transacting business in	Manda The al	ternate name must mehide "Lonited Liab	lity Company " "U. I. C." or "U.C.")
2. Delaware		3.		
(Jurisdiction under the law of w)	Tare 3. (FEI number, if		r, if applicable)	
4	(Date first transacted business in Florada, if prior	TO registration		
	(Date first transacted business in Florida, if prior (See sections 605 0904 & 605,0905, F.S. to dete			
5. 2863 Lake Ridge Lane	<u> </u>	6.	2863 Lake Ridge Lane	
(Street Address of I	Principal Office)		Weston, FL 33532	SE SE
Weston, FL 33332			Weston, 11, 23532	<del> </del>
				- 5 -
7 Name and street address	ss of Florida registered agent; (P.O. B	ox <u>NOT</u> :	acceptable)	23 PARY CASSEE
	Thomas G Richardson			AHIO: OF STATE
Name:	Fromas G Richardson			70 5 U
Office Address:	2863 Lake Ridge Lane			35.
Office Address.			12777	
	Weston (Coy)		, Florida <u>32332</u>	<del></del>
to comply with the provis	ition, I hereby accept the appointmentions of all statutes relative to the projes of my position as registered agent.	per and co	mplete performance of my	duties, and I am familiar with
	(Registered ape	nt's signature)		
8. The name, title or cap Title or Capacity:	acity and address of the person(s) who Name and Address:	n has/have <u>1</u>	authority to manage is/are; itle or Capacity;	Name and Address:
AMBR	Thomas G Richardson			
AMOR	2863 Lake Ridge Lane			
	Weston, FL 33332			
		<del></del>		
(Use attachments if nece	ssary)	<del></del>		
9. Attached is a certificat jurisdiction under the law of the translator must be	e of existence, no more than 90 days o of which it is organized. (If the certif submitted)	ild, duly a Teate is in	ithenticated by the official ba a foreign language, a translat	oving custody of records in the tion of the certificate under oath
10. This document is exe submitted in a document	cuted in accordance with section 605.0 to the Department of State constitutes	a third des	tree felony as provided for in	re that any false information s.817.155, F.S.
	Borne	بأرزا ا	hunzed persun	
	Sign	oner of an en	horized person	<del></del>
	Thomas G Richardson	······································		<del></del>
	Tyr	ped or printed i	name of signee	

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## <u>Delaware</u>

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HEALTH TRUST 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 ELEVENTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALTH TRUST LLC" WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 2017.

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

6401689 8300 SR# 20185604410

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

Jeffrey W. Buellock, Secretary or State

Authentication: 203043004

Date: 07-11-18