(Requestor's N	ame)
(Address)	
(Address)	
(City/State/Zip/	Phone #)
PICK-UP WA	IT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Certif	ficates of Status
Special Instructions to Filing Office	er:

Office Use Only



900327797889



04/11/19--01001--005 \*\*160.00

10 (27 10 67 3:01

6

## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 4/10/2019		
		WALK IN**
ENTITY NAME_	EVOLVE HEALTH LLC	
DOCUMENT NU	JMBER	
•	**PLEASE FILE THE ATTACHED AND RETURN**	
	Plain Copy	
XXXXX	Certified Copy	
XXXXX	Certificate of Status	<del></del>
	**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DE	ESTINATION	
	RTIFICATES REQUESTED	
TOTAL OWED_	160.00 CHECK #_5922	
Please call Til	ina at the above number for any issues or concerns. Thank you so muc	h!

#### COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	Evolve Health LLC
	Name of Limited Liability Company
The end Existen	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	eturn all correspondence concerning this matter to the following:
	Evan C. Stahl
	Name of Person
	Evolve Health LLC
	Firm/Company
	5355 Town Center Road, Suite 203
	Address -
	Boca Raton, FL 33486
	City/State and Zip Code
	EXEC@DX-WEB.COM
	E-mail address: (to be used for future annual report notification)
For furti	ner information concerning this matter, please call:
	Annie Quito 212 967-1944
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:  Division of Corporations  Registration Section  P.O. Box 6327  Tallahassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301
Enclosed	is a check for the following amount:  \$\Begin{array}{lll} \\$125.00 \text{ Filing Fee} & \Begin{array}{lll} \\$130.00 \text{ Filing Fee} & \Begin{array}{lll} \\$155.00 \text{ Filing Fee} & \Begin{array}{lll} \\$\$160.00 \text{ Filing Fee}, \text{ Certificate} \\ \text{ Certified Copy} \end{array}\$  The state of Status & Certified Copy of Status & Certified Copy \text{ Certified Copy} \\  \begin{array}{lll} \\$\$125.00 \text{ Filing Fee} & \Begin{array}{lll} \\$\$160.00 \text{ Filing Fee}, \text{ Certified Copy} \\  \end{array}\$  The state of Status & Certified Copy \text{ Certified Copy} \\  \end{array}\$

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

finane mavailable, enter alternate in	me adopted for the purpose of nanoacting his mess in			Liability Company," "L.E.C."	or "LLC."I
Wyoming		3	83-0598240		
	ich (hreign limited liability company is organized)		(1931)	number, if applicable)	
Upon filing	(D. 1)				
	(Date first transacted business in Florida, if prio (See sections 605 0904 & 605 0905, F.S. to det				
5355 Town Center Ros		6.	5355 Town Center Roa (Mailing	d, Suite 203	
(Speci Address of P Boca Raton, FL 33486	nnepal Office)		Mailing Boca Raton, FL 33486	Addressj	
150cu (Katoli, 1 15 35 100				<del></del>	
					3
N	- CEledde annistreed array (D.O. B	<b>N</b> VYT			יב. יינ
Name and <u>street addres</u>	of Florida registered agent: (P.O. B		acceptable)		510 410
Name:	United Corporate Services,				
Office Address:	9200 South Dadeland Blvd.	- Suite 5			:71
			, Florida	5	14:0:143
	Miami(Cm)		, Florida	rode)	Ċ
			,,		<u> </u>
aving been named as rej signated in this applical comply with the provisi	whice:  cistered agent and to accept service of lon, I hereby accept the appointment ons of all statutes relative to the projection as registered agent.	t as regist per and co	for the above stated limited agent and agree to implete performance of i	ited liability company act in this capacity. I ny duties, and I am fa	at the p
aving been named as rej esignated in this applical comply with the provision	gistered agent and to accept service of lon, I hereby accept the appointment ons of all statutes relative to the project of my position as registered agent.	d as regist per and co	for the above stated limi ered agent and agree to	ited liability company act in this capacity. I ny duties, and I am fa	at the p
aving been named as re- esignated in this applical comply with the pravish nd accept the obligations	gistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the profof, my position as registered agent.  (Registered agent	et as regist per and co ut's signature)	for the above stated limitered agent and agree to implete performance of the property of the p	ited liability company act in this capacity. I ny duties, and I am fa	at the p
aving been named as re- esignated in this applical comply with the pravish- nd accept the obligations The name, title or capa	gistered agent and to accept service of lon, I hereby accept the appointment ons of all statutes relative to the projection as registered agent.  (Registered agent accept the appointment of all statutes relative to the projection as registered agent.  (Registered agent of the person(s) who	t as regist per and co box signature) has/have	for the above stated limitered agent and agree to omplete performance of the property of the property to manage is/ar	ited liability company oct in this capacity. I ny duties, and I am fa	at the po further imiliar w
laving been named as re- esignated in this applicate to comply with the provision accept the obligations  The name, title or capa Title or Capacity:	gistered agent and to accept service of lon, I hereby accept the appointment ons of all statutes relative to the proposition as registered agent.  (Registated agent of the person(s) who Name and Address:	d as regist per and co no's signature) has/have	for the above stated limitered agent and agree to implete performance of the property of the p	ited liability company act in this capacity. I ny duties, and I am fa  L e: Name and Add	at the pa further imiliar w ress:
aving been named as re- essignated in this applical comply with the provisi- nd accept the obligations . The name, title or capa	cistered agent and to accept service of the Appointment ons of all statutes relative to the property of my position as registered agent.  (Registered agent of the person(s) who Name and Address:  Evan C. Stahl  101 E. Camino Real	d as regist per and co no's signature) has/have	for the above stated limitered agent and agree to omplete performance of the property of the property to manage is/ar	e:  Name and Add  Jeffrey A. Stahl	at the profurther similar was ress:
aving been named as re- esignated in this applicate comply with the provisional accept the obligations  The name, title or capa Title or Capacity:	gistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the proposition as registered agent.  (Registated agent of the person(s) who Name and Address:  Evan C. Stahl	d as regist per and co no's signature) has/have	for the above stated limitered agent and agree to implete performance of the property of the p	ited liability company act in this capacity. I ny duties, and I am fa  e:  Name and Add  Jeffrey A. Stahl	at the profurther similar was ress:
laving been named as re- esignated in this applicate to comply with the provision accept the obligations  The name, title or capa Title or Capacity:	cistered agent and to accept service of the Appointment ons of all statutes relative to the property of my position as registered agent.  (Registered agent of the person(s) who Name and Address:  Evan C. Stahl  101 E. Camino Real	t as regist ner and co but's signature) has/have	for the above stated limitered agent and agree to implete performance of the property of the p	e:  Name and Add  Jeffrey A. Stahl	at the profurther similar was ress:
laving been named as re- esignated in this applicate to comply with the pravish- and accept the obligations  The name, title or capa Title or Capacity: President	cistered agent and to accept service of lon, I hereby accept the appointment ons of all statutes relative to the profofmy position as registered agent.  (Registered agent city and address of the person(s) who Name and Address:  Evan C. Stahl  101 E. Camino Real  Boca Raton, Fl. 33433  Helene R. Fried  6398 NW 40th Ct	t as regist ner and co but's signature) has/have	for the above stated limitered agent and agree to omplete performance of the property of the p	e:  Name and Add  Jeffrey A. Stahl  64 Jerome Aver New Rochelle,  Jacob G. Fried  6398 NW 40th	at the profurther similar was ress:
laving been named as re- esignated in this applicate to comply with the pravish- and accept the obligations  The name, title or capa Title or Capacity:  President	cistered agent and to accept service of lon, I hereby accept the appointment ons of all statutes relative to the profession as registered agent.  (Registered agent city and address of the person(s) who Name and Address:  Evan C. Stahl  101 E. Camino Real  Boca Raton, FL 33433	t as regist ner and co but's signature) has/have	for the above stated limitered agent and agree to omplete performance of the property of the p	e:  Name and Add  Jeffrey A. Stahl  64 Jerome Aver New Rochelle,  Jacob G. Fried	at the profurther similar was ress:
laving been named as re- esignated in this applicate to comply with the provisional accept the obligations  The name, title or capa Title or Capacity: President  COO	cistered agent and to accept service of ion, I hereby accept the appointment ons of all statutes relative to the proposition as registered agent.  (Registered agent.)	t as regist ner and co but's signature) has/have	for the above stated limitered agent and agree to omplete performance of the property of the p	e:  Name and Add  Jeffrey A. Stahl  64 Jerome Aver New Rochelle,  Jacob G. Fried  6398 NW 40th	at the profurther similar was ress:
laving been named as re- esignated in this applicate comply with the provisi- nd accept the obligations  The name, title or capa Title or Capacity: President  COO	cistered agent and to accept service of the proposition. I hereby accept the appointment ons of all statutes relative to the proposition as registered agent.  (Registered agent.)  (Registered agent.	d as regist per and co de signature) has/have	for the above stated limitered agent and agree to complete performance of the production of the produc	e:  Name and Add  Jeffrey A. Stahl  64 Jerome Aver New Rochelle,  Jacob G. Fried  6398 NW 40th e  Boca Raton, FL	at the profurther similar was ress:  The control of
laving been named as rejestignated in this applicate comply with the provision of accept the obligations.  B. The name, title or capa Title or Capacity:  President  COO  Use attachments if necessarisdiction under the law of the complete considerity.	cistered agent and to accept service of the proposition. I hereby accept the appointment ons of all statutes relative to the proposition as registered agent.  (Registered agent.)  (Registered agent.	d as register and control of the con	for the above stated limitered agent and agree to complete performance of the production of the produc	e:  Name and Add  Jeffrey A. Stahl  64 Jerome Aver New Rochelle.  Jacob G. Fried  6398 NW 40th e Boca Raton, FL	at the profurther further militar was ress:  The profuse of the pr
designated in this applicate comply with the provisional accept the obligations.  B. The name, title or capa Title or Capacity:  President  COO  Use attachments if necess.  Attached is a certificate urisdiction under the law of the translator must be sure.	city and address of the person(s) who Name and Address:  Evan C. Stahl  101 E. Camino Real Boca Raton, FL 33433  Helene R. Fried 6398 NW 40th Ct Boca Raton, FL 33496  Bry)  of existence, no more than 90 days of which it is organized. (If the certific bruitted)	d as registered and control of the c	for the above stated limitered agent and agree to complete performance of the production of the produc	e:  Name and Add  Jeffrey A. Stahl  64 Jerome Aver New Rochelle  Jacob G. Fried  6398 NW 40th Boca Raton, Fl.	at the profurther further williar with the profuse the profuse to the profuse
laving been named as rejestignated in this applicate comply with the provision of accept the obligations.  3. The name, title or capa Title or Capacity:  President  COO  Use attachments if necess.  Attached is a certificate prisdiction under the law of the translator must be sure.  This document is exect.	city and address of the person(s) who Name and Address:  Evan C. Stahl  101 E. Camino Real Boca Raton, FL 33433  Helene R. Fried 6398 NW 40th Ct Boca Raton, FL 33496  Bry)  of existence, no more than 90 days of shich it is organized. (If the certific braited)  atted in accordance with section 605.03	d as registerer and control of the c	for the above stated limitered agent and agree to complete performance of the production of the produc	e:  Name and Add  Jeffrey A. Stahl  64 Jerome Aver New Rochelle,  Jacob G. Fried  6398 NW 40th Boca Raton, Fl.	at the profurther further williar with the profuse the profuse to the profuse
laving been named as rejestignated in this applicate comply with the provisional accept the obligations.  3. The name, title or capa Title or Capacity:  President  COO  Use attachments if necess.  Attached is a certificate prisdiction under the law of the translator must be sure.  This document is exect.	city and address of the person(s) who Name and Address:  Evan C. Stahl  101 E. Camino Real Boca Raton, FL 33433  Helene R. Fried 6398 NW 40th Ct Boca Raton, FL 33496  Bry)  of existence, no more than 90 days of which it is organized. (If the certific bruitted)	d as registerer and control of the c	efor the above stated limitered agent and agree to complete performance of a March Plubicum authority to manage is/ar itle or Capacity:  CEO  CTO  CHORITICAL AND ARCH AND ARC	e:  Name and Add  Jeffrey A. Stahl  64 Jerome Aver New Rochelle  Jacob G. Fried  6398 NW 40th Boca Raton, Fl.  I having custody of recessination of the certificate	at the profurther further williar with the profuse the profuse to the profuse

Typed or printed name of signee

# STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office.

### **Evolve Health LLC**

is a

### **Limited Liability Company**

formed or qualified under the laws of Wyoming did on **May 17**, **2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000804038**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of April, 2019 at 11:57 AM. This certificate is assigned 030645014.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.