

10/2/2019

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25573 From: Kimb...

Division of Corporations

Florida Department of State
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Foreign Limited Liability Company
Pain Management Solutions, LLC

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OCT-08 2019



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. Pain Management Solutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

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

3. 27-3473237
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0903, F.S., to determine penalty liability)

5. 201 Defense Highway Suite 205
(Street Address of Principal Office)

6. 201 Defense Highway Suite 205
(Mailing Address)

Annapolis, MD 21401

Annapolis, MD 21401

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (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.

By: James M. Halpin James M. Halpin - Assistant Secretary
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Kuro Pain, I.L.C.

☒ Member Address: 201 Defense Highway

☐ Authorized Suite 205

Person Annapolis, MD 21401

☐ Other ☐ Other

☐ Manager Name: Ira Kombluth

☐ Member Address: 201 Defense Highway

☐ Authorized Suite 205

Person Annapolis, MD 21401

☒ Other President ☐ Other

☐ Manager Name: Richard S. Robie IV

☐ Member Address: 201 Defense Highway

☐ Authorized Suite 205

Person Annapolis, MD 21401

☒ Other Asst. Secretary ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Damean Freas

☐ Member Address: 201 Defense Highway

☐ Authorized Suite 205

Person Annapolis, MD 21401

☒ Other CEO ☐ Other

☐ Manager Name: Daniel Bowen

☐ Member Address: 201 Defense Highway

☐ Authorized Suite 205

Person Annapolis, MD 21401

☒ Other CFO ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ 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.

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)

10. 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.

Daniel Bowen

Signature of an authorized person

DANIEL BOWEN

Typed or printed name of signer

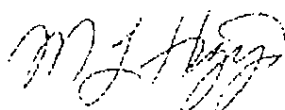
STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PAIN MANAGEMENT SOLUTIONS, LLC (W13163803), REGISTERED JULY 29, 2009, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND BALTIMORE ON THIS OCTOBER 01, 2019.

FILED
2019 OCT -2 PM 4:49
STATE DEPARTMENT OF ASSESSMENTS AND TAXATION
BALTIMORE, MARYLAND



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
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