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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
COMMONWEALTH OF MASSACHUSETTS

APR 20 2020
M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HYDROSOME HOLDINGS LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

MICHAEL MONTEMURRO

Name of Person

HYDROSOME HOLDINGS, LLC

Firm/Company

6206 BENJAMIN RD SUITE 314

Address

TAMPA, FL 33634

City/State and Zip Code

MMONTEMURRO@HYDROSOMELABS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIKE MONTEMURRO

813

390-3913

at (_____) _____

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$139.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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. HYDROSOME HOLDINGS, LLC
(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. DELAWARE 3. 84-3623390
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/12/19
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

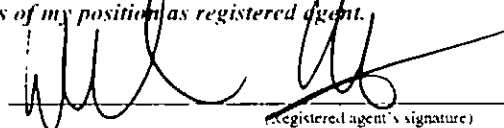
5. 6206 BENJAMIN RD SUITE 314 6. 6206 BENJAMIN RD SUITE 314
(Street Address of Principal Office) (Mailing Address)
TAMPA, FL 33634 TAMPA, FL 33634

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

Name: MICHAEL MONTEMURRO
Office Address: 6206 BENJAMIN RD SUITE 314
TAMPA 33634
(City) , Florida (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)

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2020 APR 17 AM 10:52
CLERK OF COURT
STATE OF FLORIDA

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: MICHAEL MONTEMURRO
☐ Member Address: 6206 BENJAMIN RD
☐ Authorized SUITE 314
Person TAMPA, FL 33634
☐ Other ☐ Other

☐ Manager Name: CHRIS EDMONDS
☒ Member Address: 6206 BENJAMIN RD
☐ Authorized SUITE 314
Person TAMPA, FL 33634
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
☐ Other ☐ Other

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

☒ Manager Name: JOHN GILL
☐ Member Address: 6206 BENJAMIN RD
☐ Authorized SUITE 314
Person TAMPA, FL 33634
☐ Other ☐ Other

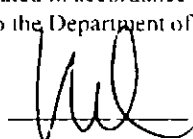
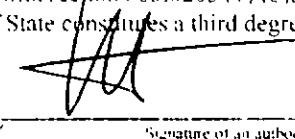
☐ Manager Name: PATRICK BISHOP
☒ Member Address: 6206 BENJAMIN RD
☐ Authorized SUITE 314
Person TAMPA, FL 33634
☐ Other ☐ Other

☐ 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.

Signature of an authorized person

MICHAEL MONTEMURRO

Typed or printed name of signer

2020 APR 17 AM 10:52
CLERK OF STATE
TAMPA, FL 33604

FILED

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HYDROSOME HOLDINGS, 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 TWENTY-THIRD DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HYDROSOME HOLDINGS, LLC" WAS FORMED ON THE TENTH DAY OF SEPTEMBER, A.D. 2019.

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



7600332 8300

SR# 20202303190

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202636394

Date: 03-23-20

For Hydrosome Holdings LLC

DOC # W19000110860

Please let us know if you
need anything else.

mike@InfinityMedicalInstitute.com

Mike
Montemurro

RECEIVED

APR 17 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 26, 2019

MICHAEL MONTEMURRO
6206 BENJAMIN RD STE 314
TAMPA, FL 33634

SUBJECT: HYDROSOME HOLDINGS LLC
Ref. Number: W19000110860

We have received your document for HYDROSOME HOLDINGS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 219A00026153