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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:__

Foreign Limited Liability Company ENHANCE MEDICAL CLINIC L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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MAY 27 2020 Help

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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

/ LCCI I		⁸⁵⁻¹¹⁴⁸⁶⁶⁶	
tah urisdiction under the law of w	hich foreign limited liability company is organized)	3. (FEI number, if applicable	c)
	(Date first transacted business in Florida, if prior to reg (See sections 605,0004 & 605,0005, F.S. to determine	istration.) penalty liability)	
'901 4th 5		6. 7901 4th St N	
STE 300	Principal Office)	STE 300	
t. Petersb	urg FL 33702	St. Petersburg FL 3	3370
ime and <u>street addre</u> Name:	Registered Agents	Inc.	[
Office Address:	7901 4th St N STE	300	r.
	St. Petersburg	33702	
	(Cus)	/7	

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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Name: Andrew Rinehart Name: Manager | Manager 7901 4th St N STE 300 Member Address: _____ Addresst ☑ Member St. Petersburg Authorized Authorized FL Person Person Other____ Other Other___ Other Name: _____ ☐ Manager Manager Name: Member Address: Member Address: ☐ Authorized Authorized Person Person Other____ Other____ Other____ Other Name: _____ Manager Manager Name: Address: _____ Address: ______ Member Member Authorized ___Authorized Person. Person Other____ Other__ Other to Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Riley Park

Typed or printed name of signee



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utab.gov

05/22/2020 11727820-016005222020-290009

CERTIFICATE OF EXISTENCE

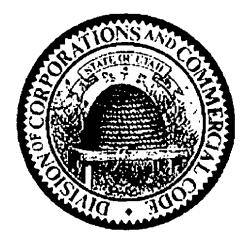
Registration Number: 11727820-0160

Business Name: ENHANCE MEDICAL CLINIC L.L.C.

Registered Date: April 08, 2020 Entity Type: LLC - Domestic

Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Som Stupe

Jason Sterzer
Director
Division of Corporations and Commercial Code

21:01:12