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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

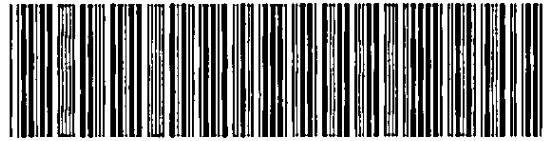
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Invicta Health Solutions, 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:

Rodney Napier

Name of Person

Invicta Health Solutions, LLC

Firm/Company

825 Town and Country Lane, Suite 1200

Address

Houston, TX 77024

City/State and Zip Code

rnapien@invictahs.com

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

For further information concerning this matter, please call:

Rodney Napier

614

745-6514

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

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

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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**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. Invicta Health Solutions, 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. Texas 3. 84-4740753
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. May 4, 2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 300 South Orange Ave
(Street Address of Principal Office)

6. 300 South Orange Ave
(Mailing Address)

Suite 1000 - Mail Stop #88

Suite 1000 - Mail Stop #88

Orlando, FL 32801

Orlando, FL 32801

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

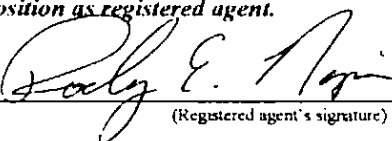
Name: Rodney Napier

Office Address: 300 South Orange Ave, Suite 1000 - Mail Stop #88

Orlando, Florida 32801
(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.


(Registered agent's signature)

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CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF ORANGE, FLORIDA

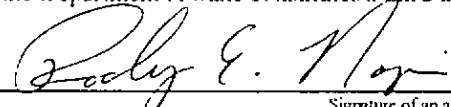
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Dominic Zamora</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Derek Shaw</u>
<input checked="" type="checkbox"/> Member	Address: _____	<input checked="" type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>4510 Kelliwood Park Court</u>	<input checked="" type="checkbox"/> Authorized	<u>12304 Winebrook Drive</u>
Person	<u>Katy, TX 75208</u>	Person	<u>Pearland, TX 77584</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Jude Crowell</u>	<input type="checkbox"/> Manager	Name: <u>Rodney Napier</u>
<input checked="" type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>2527 Brittany Drive</u>	<input checked="" type="checkbox"/> Authorized	<u>7750 Laurelwood Drive</u>
Person	<u>Nashville, TN 37206</u>	Person	<u>Canal Winchester, OH 43110</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Rodney Napier

Typed or printed name of signee



Office of the Secretary of State

June 25, 2020

A search of our records reveals the following information for the entity record selected.

Entity Name: Invicta Health Solutions, LLC
Entity Type: Domestic Limited Liability Company (LLC)
Jurisdiction: TEXAS, USA
File Number: 803548596
Formation File Date: February 17, 2020 Effective: February 17, 2020

The status of the entity is in existence.

The name and address of the registered agent and office in Texas is:

GEORGE DEREK SHAW
825 TOWN AND COUNTRY LANE
SUITE 1200
HOUSTON, TX 77024
USA

The entity recorded the following assumed name(s) with this office:

The entity has not recorded any assumed name certificates with this office.

The management information from our computer records lists:

DOMINIC E ZAMORA MANAGER	4510 KELLIWOOD PARK COURT KATY, TX 77450 USA
JUDE E CROWELL MANAGER	2527 BRITTANY DRIVE NASHVILLE, TN 37206 USA
GEORGE DEREK SHAW MANAGER	12304 WINEBROOK DRIVE PEARLAND, TX 77584 USA