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(City/State/Zip/Phone #)

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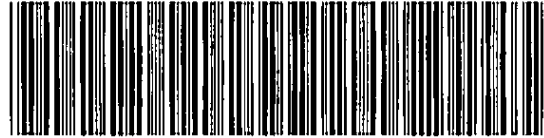
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SBF
7/23/20



ROSSWAY SWAN

ROSSWAY SWAN TIERNEY BARRY & OLIVER, P.L.

WWW.ROSSWAYSWAN.COM

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Michael J. Swan

Thomas W. Tierney²

William J. Stewart,
Of Counsel

¹ LL.M Master of Laws -
Estate Planning

² Also admitted in CA

³ Also admitted in MA

⁴ Also admitted in NY

⁵ Also admitted in OH

LOCATIONS

VERO BEACH

The Modern One Building
2101 Indian River Blvd.
Suite 200
Vero Beach, FL 32960
772.231.4440

MELBOURNE

One Harbor Place
1901 S. Harbor City Blvd.
Suite 500
Melbourne, FL 32901
321.984.2700

CORAL GABLES*

Gables International Plaza
2655 LeJeune Rd.
Penthouse 1-C
Coral Gables, FL 33134
305.443.5020

*By Appointment

June 18, 2020

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

ROSSWAY SWAN

RE: Zudans Medical Billing, LLC, a Delaware limited liability company

Ladies and Gentlemen:

In regard to the above, please find enclosed our client's Cover Letter, Application by Foreign Corporation for Authorization to Transact Business in Florida, and original Good Standing Certificate issued by the Secretary of State of the State of Delaware. ***Please note the Certificate of Formation is authenticated and can be verified online at corp.delaware.gov/authver.shtml. Delaware does not furnish "original" certificates.***

Our client's check in the amount of \$160.00 is also enclosed to cover your filing fee and issuance of the Certified Copy and Certificate of Status.

Thank you for your assistance and for returning your Certified Copy of the filing and the Certificate of Status to this office in the enclosed, self-addressed, stamped return envelope.

Sincerely,

Sherri Mincey, FRP
and Paralegal to Kevin M. Barry

SM\F:\Barry\Master Forms\Corporate\SecState-Inc-App-Foreign.doc

Encs.

CC: Dr. John V. Zudans, w/encs.

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Zudans Medical Billing, 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:

Kevin M. Barry

Name of Person

Rossway Swan Tierney Barry & Oliver, P.L.

Firm/Company

2101 Indian River Blvd., Suite 200

Address

Vero Beach, FL 32960

City/State and Zip Code

kbarry@rosswayswan.com

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

For further information concerning this matter, please call:

Kevin M. Barry

772

231-4440

at ()

Name of Contact Person

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. Zudans Medical Billing, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. Applied For
(FEI number, if applicable)

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

5. 2101 Indian River Blvd., Suite 200
(Street Address of Principal Office)

6. 2101 Indian River Blvd., Suite 200
(Mailing Address)

Vero Beach, FL 32960

Vero Beach, FL 32960

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


Name: Rossway Swan Tierney Barry & Oliver, P.L.

Office Address: 2101 Indian River Blvd., Suite 200

Vero Beach, Florida 32960
(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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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]:

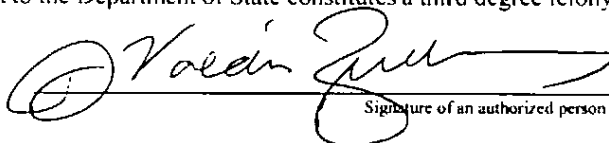
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: John Valdis Zudans	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2101 Indian River Blvd.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 200	<input type="checkbox"/> Authorized	_____
Person	Vero Beach, FL 32960	Person	_____
<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 _____
<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 _____

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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

John Valdis Zudans

Typed or printed name of signee

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:37 PM 06/17/2020
FILED 04:37 PM 06/17/2020
SR 20205758258 - File Number 3085590

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Zudans Medical Billing, LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 251 Little Falls Drive (street),
in the City of Wilmington, Zip Code 19808. The
name of the Registered Agent at such address upon whom process against this limited
liability company may be served is Corporation Service Company

By: 
Authorized Person

Name: John Valdis Zudans
Print or Type

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZUDANS MEDICAL BILLING, 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 SIXTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZUDANS MEDICAL BILLING, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JUNE, A.D. 2020.

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

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3085590 8300

SR# 20206078741

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

A handwritten signature of Jeffrey W. Bullock in black ink, 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: 203230078

Date: 07-06-20