

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600363421496

04/09/21--01036--026 **155.00



1/2/1/2x



Toll-Free: 1.888.449.2638



1.805.449.2638

Email: Info@CorpNet.com



...,

www.CorpNet.com

April 2, 2021

Registration Section
Division of Corporations
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

RE: HEART MACHINE LLC

To whom it may concern:

The Enclosed Application by Foreign LLC and Fee(s) are submitted for filing. Also, please find enclosed a check for state filing fees in the amount of \$155.00 made payable to the FL Dept of State. For information in regards to this filing, please contact me at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addressed stamped envelope included.

Sincerely,

Amanda J. Beren, Sr. Document Analyst CorpNet, Incorporated 888-449-2638 Ext. 105 filings@corpnet.com



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:

alifornia			ity Company," "L.L.C," or "L.L.	
Incidentian under the level -		3.		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI munber, if applicable)		
<u> </u>	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ins penalty hability)		
439 Warner Drive		8439 Warner Drive		
(Street Address of	Principal Office)	6. (Mailing Address	ss)	
ulver City, CA 9023	2	Culver City, CA 90232		
Name:	Registered Agents Inc. 7901 4th St N, Ste 300		pro PM	
Office Address:	St. Petersburg	33702 , Florida	5. V (1885) 12. 1. 17. 1. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	

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: Title or Capacity: Name and Address: Alexander Preston Name: ______ Manager | Manager 8439 Warner Drive Address: ■ Member Member Address: Culver City, CA 90232 Authorized Authorized Person Person Other____ Other____ Other___ Other_ Manager Manager Member Member Address: Address: Authorized Authorized Person Person Other_ Other Other __Other____ Manager Manager Name: ____ Name: Member Address: Member Address: ■Authorized Authorized Person Person Other____ Other____ Other 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. Signature of an authorized person Alexander Preston

Typed or printed same of signee



I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name:

HEART MACHINE LLC

File Number:

201326810061

Registration Date:

09/23/2013

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Jurisdiction:

CALIFORNIA

Status:

ACTIVE (GOOD STANDING)

As of March 25, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 26, 2021.

SHIRLEY N. WEBER, Ph.D. Secretary of State

Certificate Verification Number: YJ9944R

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.