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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : 12016000017  
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Foreign Limited Liability Company  
COVE COCOA DIALYSIS 31 MT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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. Cove Cocoa Dialysis 31 MT, 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. (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. 21515 Hawthorne Blvd, Suite 360 (Street Address of Principal Office)
Torrance, CA 90503
6. 21515 Hawthorne Blvd, Suite 360 (Mailing Address)
Torrance, CA 90503

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

Name: InCorp Services, Inc.
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(City) (Zip code)

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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.

Jackie DeFilippis
Jackie DeFilippis for InCorp Services, Inc.
(Registered agent's signature)

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:**  **Manager** **Name and Address:** Name: Cove Capital Investments, LLC  
 Address: 21515 Hawthorne Blvd,  
Suite 360  
Torrance, CA 90503  
 **Member**  
 **Authorized Person**  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Title or Capacity:**  **Manager** **Name and Address:** Name: \_\_\_\_\_  
 **Member** Address: \_\_\_\_\_  
 **Authorized Person** \_\_\_\_\_  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** Name: \_\_\_\_\_  
 **Member** Address: \_\_\_\_\_  
 **Authorized Person** \_\_\_\_\_  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** Name: \_\_\_\_\_  
 **Member** Address: \_\_\_\_\_  
 **Authorized Person** \_\_\_\_\_  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** Name: \_\_\_\_\_  
 **Member** Address: \_\_\_\_\_  
 **Authorized Person** \_\_\_\_\_  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

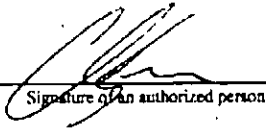
**Manager** Name: \_\_\_\_\_  
 **Member** Address: \_\_\_\_\_  
 **Authorized Person** \_\_\_\_\_  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

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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

Chris Sorensen

Typed or printed name of signee

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVE COCOA DIALYSIS 31 MT, 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 FOURTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVE COCOA DIALYSIS 31 MT, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF APRIL, A.D. 2021.

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

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You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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