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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 5/19/2021

NAME: APOLLO HEALTH PRODUCTS, LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: APOLLO HEALTH PRODUCTS, 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:

TERI STAPLETON

Name of Person

UNISEARCH, INC.

Firm/Company

PO BOX 1221

Address

WESTCLIFFE, CO81252

City/State and Zip Code

TERI.STAPLETON@UNISEARCH.COM

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

For further information concerning this matter, please call:

TERI STAPLETON

720
at ()

386-3108

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

**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. APOLLO HEALTH PRODUCTS, 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. ALABAMA

(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. 28311 N. MAIN ST.

(Street Address of Principal Office)

STE. 200

DAPHNE, AL 36526

6. 28311 N. MAIN ST.

(Mailing Address)

STE. 200

DAPHNE, AL 36526

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

Name: _____

UNISEARCH, INC.

Office Address: _____

155 Office Plaza Drive

Tallahassee,

(City)

, Florida

32301

(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.

/s/ Teri Stapleton

(Registered agent's signature)

Asst. Secretary, Unisearch, Inc.

APPROVED
AND
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MAY 19 PM 2:55

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:**

☐ Manager Name: JASON G. HALBERT

☒ Member Address: 503 FALLING WATER BLVD

☐ Authorized FAIRHOPE, AL 36532

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: LARRY R. ZUCCOLOTTO

☒ Member Address: 7004 TARVISIO WAY

☐ Authorized EL DORADO HILLS, CA 95762

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: J. ERIC BUSBY

☒ Member Address: 28311 N. MAIN ST.

☐ Authorized STE. 200

Person DAPHNE, AL 36526

☐ Other _____ ☐ Other _____

☐ Manager Name: STUART J. VIATOR

☒ Member Address: 2950 GREYSTONE DR.

☐ Authorized PACE, FL 32571

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: ROBERT F. JERNIGAN

☒ Member Address: 28311 N. MAIN ST.

☐ Authorized STE. 200

Person DAPHNE, AL 36526

☐ Other _____ ☐ Other _____

☐ Manager Name: MATTHEW L. MCDONALD

☒ Member Address: 28311 N. MAIN ST.

☐ Authorized STE. 200

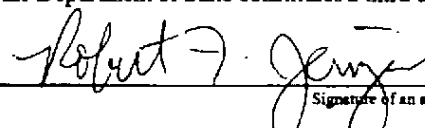
Person DAPHNE, AL 36526

☐ Other _____ ☐ 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

Robert F. Jernigan

Typed or printed name of signer

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Apollo Health Products, LLC was formed in Alabama, Alabama on February 5, 2021. The Alabama Entity Identification number for this entity is 833-947. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20210513000015182

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

05/13/2021

Date

A handwritten signature in cursive script that reads "J. H. Merrill".

John H. Merrill

Secretary of State