

121000007831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

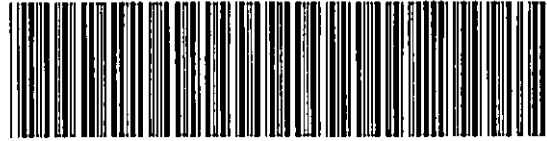
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CLERK OF STATE  
JESSIE GLOVER

JUN 22 2021

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Edison 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:

Michael J. King

Name of Person

Winters & King, Inc.

Firm/Company

2448 E 81st Street Suite 5900

Address

Tulsa, OK 74137

City/State and Zip Code

sduncan@wintersking.com

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

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JUN 21 PM 3:50  
TALLAHASSEE, FL 32303

For further information concerning this matter, please call:

Michael J King

918

494-6868

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

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. Edison Health Solutions, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Oklahoma  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-0538612  
(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. 100 S Riverfront Drive Suite 400  
(Street Address of Principal Office)

6. 100 S Riverfront Drive Suite 400  
(Mailing Address)

Jenks OK 74037

Jenks OK 74037

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

Name: InCorp Services, Inc.

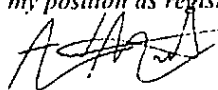
Office Address: 17888 67th Court North

Loxahatchee, Florida 33470  
(City) (Zip code)

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2021 JUN 21 PM 3:50  
CLERK OF DISTRICT COURT  
FLORIDA

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)

Amanda Morehouse on behalf of InCorp Services, Inc

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: Jarrod Frie

☐ Member      Address: 822 W 105th Ct S

☐ Authorized      Jenks OK 74037

Person

☐ Other      ☐ Other

☐ Manager      Name: Jarrod Frie

☒ Member      Address: 822 W 105th Ct S

☐ Authorized      Jenks OK 74037

Person

☐ Other      ☐ Other

☐ Manager      Name: ResourceOne, Inc.

☒ Member      Address: 1350 S. Boulder Ave, Suite 300

☐ Authorized      Tulsa, OK 74119

Person

☐ Other      ☐ Other

Title or Capacity:                      Name and Address:

☐ Manager      Name: Charles Hopper

☒ Member      Address: 6303 E. 102nd St.

☐ Authorized      Tulsa, OK 74137

Person

☐ Other      ☐ Other

☐ Manager      Name: Glenn Eddleman

☒ Member      Address: 4622 Oak Leaf Drive

☐ Authorized      Tulsa OK 74132

Person

☐ Other      ☐ Other

☐ Manager      Name:

☐ Member      Address:

☐ Authorized

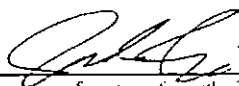
Person

☐ 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

Jarrod Frie

Typed or printed name of signer

2021 JUN 21 PM 3:50  
CLERK OF DISTRICT COURT  
JULY 1, 2021

FILED

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING  
DOMESTIC LIMITED LIABILITY COMPANY**

*I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.*

*I FURTHER CERTIFY that EDISON HEALTH SOLUTIONS, LLC whose registered agent is MICHAEL J KING, with its registered office at 2448 E 81ST STREET SUITE 5900 TULSA 74137 USA Oklahoma is a Domestic Limited Liability Company duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.*



*IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 3rd day of May, 2021.*

*Barin T. King*

*Secretary Of State*



WINTERS & KING  
ATTORNEYS AT LAW

Phone: 918.494.6868 Fax: 918.491.6297

June 14, 2021

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Edison Health Solutions, LLC Ref. Number W21000083755

To whom it may concern:

The address for ResourceOne, Inc. is 1350 S. Boulder Ave., Suite 300 Tulsa, OK 74119.

In the event you should require any further information, please do not hesitate to contact me.  
Thank you for your consideration in this matter.

Sincerely,

Michael James King

MJK/spk  
Enclosures





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2021

MICHAEL J. KING  
WINTERS & KING, INC.  
2448 E 81ST STREET SUITE 5900  
TULSA, OK 74137

SUBJECT: EDISON HEALTH SOLUTIONS, LLC  
Ref. Number: W21000083755

We have received your document for EDISON HEALTH SOLUTIONS, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please indicate an address for ResourceOne, Inc.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 921A00012638

RECEIVED  
JUN 11 2021