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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	:	 <u> </u>	

## **Foreign Limited Liability Company** TEXAS STAR MED CLINIC LLC

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Certificate of Status	
Certified Copy	0
Page Count	04
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#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Liability Company," "L.L.C," (# "LEC")
Texas		3 851055537
(Jurisdiction under the law of w	high foreign limited liability company is organized)	(FEI number, if applicable)
4.		
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	ne peralty habibity)
325 Normandy Ave		325 Normandy Ave
(Street Address of	Principal Office)	(Mailing Address)
San Anton	io TX 78209	San Antonio TX 78209
7. Name and street addre	ss of Florida registered agent; (P.O. Box	NOT acceptable)
	ss of Florida registered agent: (P.O. Box Registered Agent	
<ol> <li>Name and <u>street addre</u></li> <li>Name:</li> </ol>	Registered Agent	s Inc.
		s Inc.
Name:	Registered Agent 7901 4th St N ST	s Inc.
Name:	Registered Agent	s Inc.
Name: Office Address: Registered agent's acception of the second agent acception of the second as redesignated in this applicate comply with the provis	Registered Agent 7901 4th St N ST  St. Petersburg  Stance: Pegistered agent and to accept service of pation, I hereby accept the appointment as	s Inc.
Name: Office Address: Registered agent's acceptaing been named as redesignated in this applicate comply with the provis	Registered Agent 7901 4th St N ST  St. Petersburg  Stance: egistered agent and to accept service of pation, I hereby accept the appointment acions of all statutes relative to the proper	S Inc.  E 300

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: Name: Luke Berry Manager Manager | Name: Address: 325 Normandy Ave **✓** Member Member Address: San Antonio TX 78209 Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other Other Manager Name: Manager Name: Member Address: \_\_\_\_\_\_ Member Address: Authorized Authorized Person Person Other\_\_\_\_ Other Other Name: Manager | Manager Member 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.

Typed or printed name of signed

Austin, Texas 78711-3697

Jose A. Esparza Deputy Secretary of State



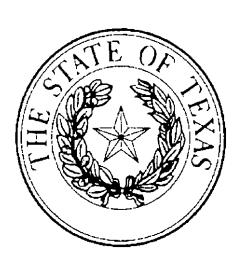
# Office of the Secretary of State

### Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document. Certificate of Formation for Texas Star Med Clinic LLC (file number 803618014), a Domestic Limited Liability Company (LLC), was filed in this office on May 13, 2020.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 06, 2021.



Jose A. Esparza

Deputy Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services Phone: (512) 463-5555 Document: 1063790820006 Prepared by: SOS-WEB

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