

M21000008773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

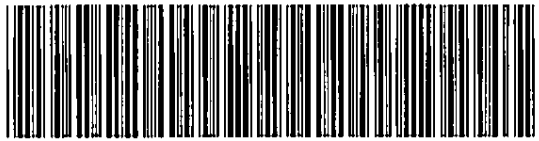
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

TL
7/12/21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASC Trinity 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:

Ryan A. Weiss, Esq.

Name of Person

Johnson, Pope, Bokor, Ruppel & Burns, LLC

Firm/Company

401 E. Jackson Street, Suite 3100

Address

Tampa, Florida 33602

City/State and Zip Code

tomh@jpfirm.com; ryanw@jpfirm.com

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

For further information concerning this matter, please call:

Ryan A. Weiss

813

467-8906

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:



\$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. ASC of Trinity, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Comprehensive Outpatient Joint & Spine Institute, 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 3. 83-3008593
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 15238 Virginia Station 6. 9131 Anson Way
(Street Address of Principal Office) (Mailing Address)

Odessa Florida, 33556 Ste. 304
Raleigh, North Carolina 27615

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

Name: Chestnut Business Services, LLC

Office Address: 490 1st Ave South, Ste 700
St Petersburg FL Florida 33701
(City) (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.

[Signature]
(Registered agent's signature)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

MGR

COMPASS SURGICAL PARTNERS HOLDINGS OF ODESSA LLC

9131 Anson Way, Ste 304

Raleigh, North Carolina 27615

MGR

CSGC, LLC

2165 Little Road

Trinity, Florida 34655

MGR

KARMA TRINITY ASC, LLC

2653 Bruce B Downs Blvd, Suite 108-168

Wesley Chapel, Florida 33544

MGR

ASC TRINITY MATES, LLC

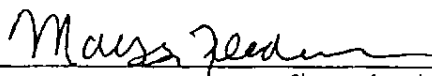
2165 Little Road

Trinity, Florida 34655

(Use attachments if necessary)

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

MARISSA FREEDMAN

Typed or printed name of signer

ATTACHMENT TO IDENTIFY ADDITIONAL PERSON(S) AUTHORIZED TO MANAGE THE COMPANY

Additional person(s) authorized to manage are:

Title or Capacity:

Name and Address

MGR

MARISSA FREEDMAN

9131 Anson Way, Ste 304

Raleigh, North Carolina 27615

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASC OF TRINITY, 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 THIRTIETH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ASC OF TRINITY, LLC" WAS FORMED ON THE FOURTEENTH DAY OF DECEMBER, A.D. 2018.

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



7194287 8300

SR# 20212592042

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203571609

Date: 06-30-21