

7/27/21

Division of Corporations

Florida Department of State  
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Division of Corporations  
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From:

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
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**Foreign Limited Liability Company**  
**INCEPTION FERTILITY VENTURES SOUTH FLORIDA HOLDINGS, LLC**

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

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**\*\*\*HONOR ORIGINAL DATE 07-27-2021\*\*\***

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# 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 WITHIN THE STATE OF FLORIDA:

1. INCEPTION FERTILITY VENTURES SOUTH FLORIDA HOLDINGS, L.L.C.  
(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 3. 85-3994857  
(Jurisdiction under the law of which foreign limited liability company is organized) (FID 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. 6750 West Loop South, Ste 395 6. 6750 West Loop South, Ste 395  
(Street Address of Principal Office) (Mailing Address)  
Bellaire Bellaire  
TX 77401 TX 77401

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

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.

By: Sandra Zwijack C T Corporation System Sandra Zwijack,  
(Registered agent's signature) Assistant Secretary

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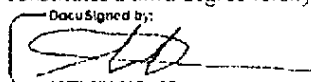
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>T Brooke Farnsworth</u>	<input type="checkbox"/> Manager	Name: <u>Andrew Kerr</u>
<input type="checkbox"/> Member	Address: <u>6750 West Loop South, Ste 395</u>	<input type="checkbox"/> Member	Address: <u>6750 West Loop South, Ste 395</u>
<input checked="" type="checkbox"/> Authorized	<u>Bellaire, TX 77401</u>	<input checked="" type="checkbox"/> Authorized	<u>Bellaire, TX 77401</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Mark Kehoe</u>	 <input type="checkbox"/> Manager	Name: <u>Matthew K. Maruca</u>
<input type="checkbox"/> Member	Address: <u>6750 West Loop South, Ste 395</u>	<input type="checkbox"/> Member	Address: <u>6750 West Loop South, Ste 395</u>
<input checked="" type="checkbox"/> Authorized	<u>Bellaire, TX 77401</u>	<input checked="" type="checkbox"/> Authorized	<u>Bellaire, TX 77401</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:  
  
 Signature of an authorized person

Matthew K. Maruca

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INCEPTION FERTILITY VENTURES SOUTH FLORIDA HOLDINGS, 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 TWENTY-SEVENTH DAY OF JULY, A.D. 2021.

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

2021 JUL 27 PM 4:23

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4185371 8300

SR# 20212811444

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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 in a small font.

Authentication: 203771424

Date: 07-27-21