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COVER LETTER

TO:		ration Section on of Corporations	;					
	М	edTruly Medical Gro	oup PLLC					
SUBJI	ECT: _		Name of Lir	nited Liability (Company		-	
The en	nclosed "A nce, and c	Application by Fore theck are submitted	ign Limited Liability Compar to register the above reference	ny for Authoriza ed foreign limi	ation to Transac ted liability con	t Business in Florida, npany to transact busi	" Certificate of ness in Florida.	
Please	return all	correspondence co	ncerning this matter to the fo	llowing:				
		Eugene Gu						
	Name of Person							
	MedTruly Medical Group PLLC							
			Firm	ı/Company			-	
	7901 4th St N STE 300							
	Address							
	St. Petersburg, FL 33702							
	City/State and Zip Code						-	
	E-mail address: (to be used for future annual report notification)							
For fu	rther info	rmation concerning	this matter, please call:					
Russell J			407	259-4457				
				at (<u> </u>	_	
		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				
			e following amount: e to: FLORIDA DEPARTM	IENT OF STA	TE			
	_	25.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	X \$155.00	Filing Fee & ied Copy	S160.00 Filing of Status & Ce	Fee, Certificate rtified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

edTruly Medical Group	Limited Liability Company; must include "Limited LLC	businy conquery. Taken, or lake, y	
name unavailable, enter alternate	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Liability Company	"." "L.L.C," or "LLC.
Texas		86-2924604	
(Jurisdiction under the law of v	which foreign limited liability company is organized)	3. (FEI number, if applicable	(e)
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) e penalty liability)	
7901 4th St N		4400 N MIDLAND DR	
(Street Address of	Principal Office)	6. (Mailing Address)	· · · · · · · · · · · · · · · · · · ·
STE 300	·	STE 2879F	
			*:
St. Petersburg, FL 33	702	MIDLAND, TX 79707-3385	:
			·
Name and street addre	ess of Florida registered agent: (P.O. Box	NOT acceptable)	
ivame and succe aggic	35 OF FIGHER TEGISTETED RECTI. (1.0. DOV	<u></u>	: # # # # # # # # # # # # # # # # # # #
	Registered Agents Inc.		(0
Name:			32
	7901 4th St N STE 300		Şin
Office Address:			
	St. Petersburg	33702	
		, Florida(Zip code)	

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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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Sajad Zalzala X Manager Name: Manager Name: _____ 7901 4th St N ☐ Member Address: X Member Address: **STE 300** Authorized X Authorized St. Petersburg, FL 33702 Person Person Other____ Other _____ Other_ Other_ ■ Manager Name: Manager Address: Member ☐ Member Address: ____ Authorized Authorized Person Person Other Other Other_____ Other__ Manager Name: Manager Name: _____ Member | Address: _____ Address: Member 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 signee

Sajad Zalzala MD

DocuSign Envelope ID: 72FE9423-6BE5-4152-B1A5-A6DA12F064CB Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jose A. Esparza Deputy Secretary of State

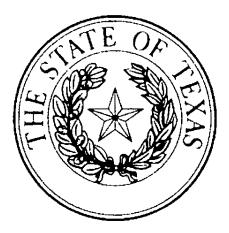
Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for MedTruly Medical Group, PLLC (file number 803982564), a Domestic Limited Liability Company (LLC), was filed in this office on March 19, 2021.

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 June 28, 2021.



Jose A. Esparza Deputy Secretary of State