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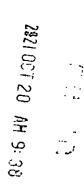
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	Tralia Health LLC			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limited Liability Company	•	
		ed Liability Company for Authorization to Transact Business in Florida, or the above referenced foreign limited liability company to transact busi		
Please	return all correspondence concerning	this matter to the following:		
	Marjorie Conner			
		Name of Person	-	
	Amold & Associates			
	Firm/Company			
	3458 Massillon Road			
	Address	2621 DCT 20		
	Uniontown, Ohio 44685			
City/State and Zip Code				
	mconner@asalawfirm.com		至	
	E-mail ad	dress; (to be used for future annual report notification)	· •	
For fu	rther information concerning this matte	er, please call:	သ	
	Marjorie Conner	330 563-4081 at ()		
	Name of Contact P		,	
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		
	■ \$125.00 Filing Fee □ \$130.0	g amount: ORIDA DEPARTMENT OF STATE 00 Filing Fee &		

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:

(Name of Foreign	Limited Liability Company; must include "Lunited	Linbility Company," "L.L.C.," or "LL.C.")			
n/a					
f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	ids. The alternate name must include "Limited Liability C	Company," "L.L.C." or "LLC."		
Ohio		84-5116983			
(Furisdiction under the law of which foreign limited liability company is organized)		3. (Pfil number, if applicable)			
n/a					
•	(Date first transacted business in Florida, if prior to re (See vections 605,0904 & 605,0905, F.S. to determine	gittration.) penalty liability)			
3458 Massillon Road		3458 Massillon Road			
reet Address of Principal Office)		6. (Mailing Address)			
Uniontown, Ohio 44685		Uniontown, Ohio 44685			
					
			292 1 00		
Name and state address	- Clair and and an an an a	NIZOR	20		
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	7		
	Corporation Service Company				
Name:			. 3 8		
Office Address:	1201 Hays Street				
Onico manens,	Tallahassee				
		32301 . Florida (7/p 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.

Lynn M. Cannelongo Lynn M. Cannelongo, AVP (Revisitored agont a signature)

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:
■Manager	Name: Marjorie Conner	□Manager	Name;	
□Member	Address: 3458 Massillon Road	□Member	Address:	
■Authorized	Uniontown, Ohio 44685	□Authorized		
Person		Person		
□Other	Other	□Other		□Other
□Manager	Name:	□Manager	Name:	***************************************
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	************************	
Person		Person		
Other	Other	□Other		□Other >
				□Other 22 00 1
∐Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		, Cu
□Other	□Other	□Other	<u> </u>	□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.

Marjorie Conner, authorized person

Marjorie Conner, authorized person

Typed or printed name of signee

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show TRALIA HEALTH, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4268057, was organized within the State of Ohio on December 17, 2018, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 19th day of October, A.D. 2026

Ohio Secretary of State

1 John

Validation Number: 202129202104