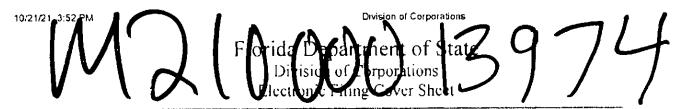
From: Kimberly Laughrey

2021-10-21 13:55:09 CST



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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

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Foreign Limited Liability Company DomaniRx, LLC

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From: Kimberly Laughrey

2021-10-21 13:55:09 CST

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

IN COMPLIANCE WITH SECTION 605/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA:

	ntRx, LLC			
(Name of Foreign	limited Liability Company; must include "Em	nited Liability C	nmpasy," "E.L.C.," or "H.C.")	
If name unavailable, enter alternate n	eune adopted for the purpose of transacting business	in Florida. The alti	errate name most include "Lumited Liability	Company," "L.E.C," or "ELC.")
Delaware 2.		3	87-1776705	
Charsdiction under the law of w	high foreign limited hability company is organized)		(Fl:Lnumber, if	applicable)
, \\/A				2921
1	(Date first transacted business in Florida, if pric (See sections 605 0904 & 605 0905, F.S. to det		bility)	海(10CT 21
5 80 Lamberton Road		6	80 (amborton Road (Mading Address)	21
Street Address of Principal Office)			(Madinji Address)	₽ .
Windson, CT 06095			Windson, C1 (600)5	PH 3:
		_		<u> </u>
 Name and <u>street addres</u> Name: 	S of Florida registered agent: (P.O. F	30x <u>NOT</u> acc	ceptable)	
Office Address:	1200 South Pine Island Road			
	Plantation		33324 , Florida	
	(Ciy)		(Zip code)	_
designated in this applica to comply with the provisi and accept the obligation.	gistered agent and to accept service tion, I hereby accept the appointment ions of all statutes relative to the pro is of my position as registered agent. CT Corporation Systems	nt as register per and com	ed agent and agree to act in th	is capacity. I further agr is, and I am familiar with
	(Registered nyo	ខារ 🤊 ទម្លោយពេក)		

From: Kimberly Laughrey

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	<u>Y:</u>	Name and Address:
■Manager	Name	Daniel A. DelMastro		□Manager	Name:	
□Member	Address: _	80 Lamberton Road		□Member	Address:	
∃Authorized		Windsor, CT 06095	,	■ Authorized		
Person				Person		
Other		□Other		Other]Other
□Munager	Name:			∏Manager	Name:	
□Member	Address: _			☐ Member	Address:	
□Authorized				☐ Authorized		
Person				Person		
□Other		Other	-	□Other		□Other 00 ·
□Manager	Name:		-	∐ Manager	Name:	21
□Member	Address:		-	□Member	Address:	<u> </u>
□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.

Day	A Du Mastra	
	Signature of an authorized person	Cables
Daniel	A. DelMastro, General Manager	
	Typed or printed name of signer	



Page 1

From: Kimberly Laughrey

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DOMANIRX, 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-FIRST DAY OF OCTOBER, A.D. 2021.

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

2821 OCT 21 PH 3: 54

Authentication: 204469067

Date: 10-21-21

6055847 8300 SR# 20213571581