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COVER LETTER

en nec	MED TCM LLC					
SUBJEC		ne of Limited Liability Company				
		Company for Authorization to Transact Business in Florida." Certificate referenced foreign limited liability company to transact business in Florida.				
Please ret	turn all correspondence concerning this matter t	o the following:				
	Margaret Frodel					
		Name of Person				
	Soul Acupuncture and Herbal					
		Firm/Company				
	2001 Northeast 7th Ave					
	Address					
	Wilton Manors FLA 33305					
	C	City/State and Zip Code				
	Medtcm2021@gmail.com					
	E-mail address: (to be	e used for future annual report notification)				
For furthe	er information concerning this matter, please ca	.ll:				
MEG FRODEL		718 986-3079				
-	Name of Contact Person	at ()				
Mailing Address:		Street Address:				
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
rananassee, Fr. 32314		Tallahassee, FL 32303				
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEF	PARTMENT OF STATE				
	□ \$125.00 Filing Fee ■ \$130.00 Filing Fe Certificate o	ee & 🔲 \$155.00 Filing Fee & 🗀 \$160.00 Filing Fee. Certificate				

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. MED TCM LLC	Limited Liability Company; must include "Limite				
(Name of Foreign	Limited Liaminy Company, must include Timite	а Сіавниў Сопр	any, father, or there		
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in F	lorida. The alternate	name must include "Limited Liab	oility Company,""L.L.C,"	or "LLC ")
WASHINGTON STATE 2.		87-1 3.	74-7585		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	<u> </u>	(FEI number	, if applicable)	
NA 4.					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) ine penalty liability)			
800 E BROWARD BL	.VD.	MEG	FRODEL	74.0	
(Street Address of Principal Office)		(Mailing Address)	EC.	$\overline{}$
FORT LAUDERDALE	<u>. </u>	2001	NE 7TH AVE	2022 JAN 11 SECRETARY TALLAHASS	=
FLA 3 3001		WILT	ON MANORS FLA 33	305 EF 97 38	EO
7. Name and street address	ss of Florida registered agent: (P.O. Box	: <u>NOT</u> accept	able)	5: 26 STATE LORIDA	
Name:	EDUARDO VELASCO VALIDO		-		
Office Address:	2001 NE 7TH AVE #1		-		
	WILTON MANORS		33305 _ , Florida		
	(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.

(Registered agent's 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:	□Manager	Name: EDUARDO VELASCO VALIDO
■Member	Address: 2001 NE 7TH AVE	■Member	Address: 2001 NE 7TH AVE
□Authorized	WILTON MANORS	□Authorized	WILTON MANORS
Person	FLA, 33305	Person	FLA 33305
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□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. 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.

Margaret M Frodel

The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

MED TCM LLC

1 CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/07/2021.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid. I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 01/18/2022 UBI Number: 604 773 687



Given under my hand and the Scal of the State of Washington at Olympia, the State Capital

the R Hobbie

- 252

Steve R. Hobbs, Secretary of State

Date Issued: 01-18-2022