

M22000011213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

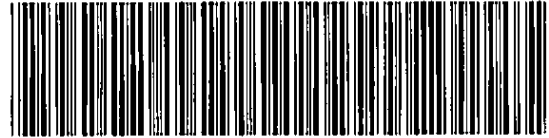
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 19 2022

K. Brumley

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ro Health, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lisa Butts, Contract, Lic. & Ins. Administrator

Name of Person

Ro Health, LLC

Firm/Company

340 S. Lemon Ave., PMB #1884

Address

Walnut, CA 91789-2706

City/State and Zip Code

contracts@rohealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Butts

888

552-9775

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**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. Ro Health, LLC
(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. 46-3049972
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 05/23/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1900 W. Nicekerson St. 6. 340 S. Lemon Ave.
(Street Address of Principal Office) (Mailing Address)

Suite #200 PMB #1884

Seattle, WA 98119-1639 Walnut, CA 91789-2706

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

Name: InCorp Services, Inc.

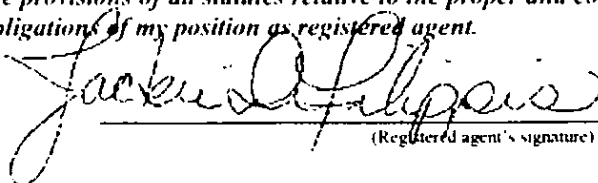
Office Address: 17888 67th Court North

Loxahatchee 33470
(City) Florida (Zip code)

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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)

Jackie DeFilippis on behalf of InCorp Services, Inc

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>
<input checked="" type="checkbox"/> Manager	Name: Jeffrey Widmyer
<input type="checkbox"/> Member	Address: 3004 W Viewmont Way West
<input checked="" type="checkbox"/> Authorized	Seattle, WA 98199
Person	(Chief Executive Officer)
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☐ Manager Name: Cassidy Levanthal

☒ Member Address: 104 West 40th Street

☐ Authorized Suite 1600

Person New York, NY 10018

☐ Other ☐ Other

☐ Manager Name: Lisa Butts

☐ Member Address: 4893 Oak Park Dr NE

☒ Authorized Salem, OR 97305

Person (Contract, Lic. & Ins. Administrator)

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: Ryan Burton

☒ Member Address: 6030 31st Ave. S

☐ Authorized Seattle, WA 98108

Person (Chief Financial Officer)

☐ Other _____ ☐ Other _____

☐ Manager Name: Daniel Pianko

☒ Member Address: 104 West 40th Street

☐ Authorized Suite 1600

Person New York, NY 10018

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

5/21/2022

Signature of an authorized person

Lisa Butts

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RO HEALTH, 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 TENTH DAY OF MAY, A.D. 2022.

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



5356639 8300

SR# 20221900207

You may verify this certificate online at 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: 203394012

Date: 05-10-22