

Ma2000012322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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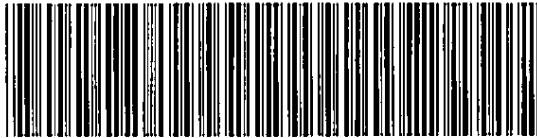
(Business Entity Name)

(Document Number)

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T. LEMIEUX  
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CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 804395 8385701

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE : July 14, 2022

ORDER TIME : 9:03 AM

ORDER NO. : 804395-001

CUSTOMER NO: 8385701

FOREIGN FILINGS

NAME: TRUSTED MEDICAL LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

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. TRUSTED MEDICAL 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. Connecticut 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 81 Beachland Ave 6. 185 Georgia Ave E  
(Street Address of Principal Office) (Mailing Address)

Milford, CT 06460

Fayetteville, GA 30214

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(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.

By: Eigler Ben AST VP  
(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]:

<u><b>Title or Capacity:</b></u>		<u><b>Name and Address:</b></u>
<input type="checkbox"/> Manager	Name:	Kevin Carr
<input checked="" type="checkbox"/> Member	Address:	81 Beachland Ave
<input type="checkbox"/> Authorized		
Person		Milford, CT 06460
<input type="checkbox"/> Other		<input type="checkbox"/> Other

☐ Manager      Name: Aretha Henderson

☐ Member      Address: 2555 Flat Shoals Rd

☒ Authorized      Unit 1201

Person      Atlanta, GA 30349

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_      ☐ Other \_\_\_\_\_

<u><b>Title or Capacity:</b></u>	<u><b>Name and Address:</b></u>
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ 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.

Henri Cole

Signature of an authorized person

Kevin Carr

Typed or printed name of signee

# Secretary of the State of Connecticut

## Certificate of Legal Existence

Certificate of Legal Existence Certificate

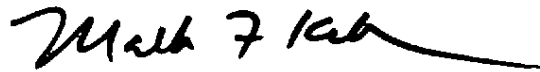
Date Issued: August 05, 2022

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

### Business Details

Business Name	TRUSTED MEDICAL LLC
Business ALEI	US-CT.BER:0916211
Formation Date	10/19/2007



Secretary of the State