

Florida Department of State
Division of Corporations
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M2200014107

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I2016000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 SEP -9 PM 4:13

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AND
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2022 SE -9 11 2:21

**Foreign Limited Liability Company
SALUS FINANCE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

*****PLEASE FILE SECOND, AFTER THE DISSOLUTION OF SALUS FINANCE, LLC *****

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Corporate Filing Menu

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*****PLEASE FILE SECOND, AFTER THE DISSOLUTION OF SALUS FINANCE, LLC *****

SEP 12 2022
Brumby

**Salus Finance, LLC
1700 East Putnam Avenue, Suite 201
Old Greenwich, Connecticut 06870**

September 9, 2022

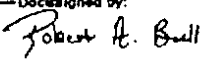
Florida Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Articles of Dissolution and Release of Entity Name

To Whom It May Concern:

Salus Finance, LLC, a domestic limited liability company (the "Company") holding document number L21000214471 with the Florida Department of State (the "Department"), plans to file an Articles of Dissolution (the "Dissolution") on or about September 9, 2022 with the Department. The Company considers the filing of its Dissolution final, and waives any and all right to file a revocation of the Dissolution as permitted under Section 605.0708 of the Florida Revised Limited Liability Company Act. The Company furthermore consents to the immediate release of the name "Salus Finance, LLC" for use by another filing entity wishing to use that name on a formation or registration filing with the Department.

Very truly yours,

DocSigned by:


Name: Robert A. Bull

Title: CEO

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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. Salus Finance, 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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. (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. 1700 E. Putnam Ave., Suite 201 (Street Address of Principal Office)
6. 1700 E. Putnam Ave., Suite 201 (Mailing Address)

Old Greenwich, CT 06870 Old Greenwich, CT 06870

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

Name: Capital Corporate Services, Inc.
Office Address: 515 East Park Avenue, 2nd Floor
Tallahassee, Florida 32301
(City) (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.

Taylor Seay Taylor Seay, Asst. Sec. on behalf of Capitol Corporate Services, Inc.
(Registered agent's signature)

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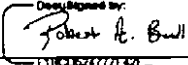
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Robert A. Bull	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1700 E. Putnam Ave.	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	Suite 201 Old Greenwich, CT 06870	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____ _____	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Designated by:


 Signature of an authorized person
 Robert A. Bull

 Typed or printed name of signer

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Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SALUS FINANCE, 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 NINTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SALUS FINANCE, LLC" WAS FORMED ON THE FOURTH DAY OF AUGUST, A.D. 2014.

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



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

5580598 8300

SR# 20223481752

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204352675

Date: 09-09-22