Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 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:

### Foreign Limited Liability Company FOCUS RESPIRATORY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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Help S. FRANKLIN

SEP 1 9 2022

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### **COVER LETTER**

TO: Registration Section Division of Corporations	•		
SUBJECT: FOCUS RESDITE	e of Limited Liability Company		
The enclosed "Application by Foreign Limited Liability ( Existence, and check are submitted to register the above s			
Please return all correspondence concerning this matter to	o the following:		
Capitol Services, Inc.			
	Name of Person		1071:
	Firm/Company		
	Address		
City/State and Zip Code		· · · · · · · · · · · · · · · · · · ·	
E-mail address: (to be	used for future annual report notifi	cation)	÷
Name of Contact Person	at ()	ne Telephone Number	
Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	c	
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEP.  \$125,00 Filing Fee \$130.00 Filing Fee  Certificate of	& 🗆 \$155.00 Filing Fee &	☐ \$160.00 Filing Fee, Cert of Status & Certified	

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

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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, Asst. Sec. on behalf of Capitol Corporate Services, Inc.					

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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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: John Ehlinger	Manager	Name: Mutthew Smith
□Member	Address: 230 Wbroadway	□Member	Address: 2330 W Broadway
□Authorized	Mesa AZ Kath	Authorized	#107 KX
Person	85202-	Person	Mesa, A 28520
□Other	□ Other	□ Other	□ Other
Manager	Name: Peter Rosed	<b>У</b> Мападег	Name: Howard Chrisman
□Member	Address: 2330W Broadwaye	Member	Address: 2330 W Broadway
□Authoriz¢d	#-107	∐Authorized	#107 ? Ad J
Person	Mesa, AZ 85202	Person	Mesa A2 85200
☐ Other		Other	□Other □
•			<del>-</del>
□ 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 outh 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.

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# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

#### CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

### FOCUS RESPIRATORY, LLC

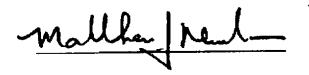
ACC file number: L21280415

was incorporated under the laws of the State of Arizona on 10/04/2016, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have hereunto set my hand, affixed the official seal of the Atizona Corporation Commission, and issued this Certificate on this date: 09/15/2022



Matthew Neubert, Executive Director

