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Foreign Limited Liability Company
AMBIENT MEDICAL CARE, LLC

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S. FRANKLIN
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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. AMBIENT MEDICAL CARE, 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. (FE) 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. 1150 Nw 72nd Ave Tower I Ste 455 #7744 (Street Address of Principal Office)

6. 1150 Nw 72nd Ave Tower I Ste 455 #7744 (Mailing Address)

Miami, FL 33126

Miami, FL 33126

2022-09-22 PM 4:31

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

Name: LEGALINC CORPORATE SERVICES INC.

Office Address: 476 RIVERSIDE AVE

JACKSONVILLE, Florida 32202 (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.

Wesley Dolan (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>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 Henry | <input type="checkbox"/> Manager | Name: _____ |
| <input checked="" type="checkbox"/> Member | Address: 24459 Sussex Highway | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | Seaford, DE 19973 | <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: Helene Henry | <input type="checkbox"/> Manager | Name: _____ |
| <input checked="" type="checkbox"/> Member | Address: 24459 Sussex Highway | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | Seaford, DE 19973 | <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 _____ |

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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.

Robert Henry
Signature of an authorized person

Robert Henry
Typed or printed name of signer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMBIENT MEDICAL CARE, 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 TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMBIENT MEDICAL CARE, LLC" WAS FORMED ON THE SEVENTH DAY OF MARCH, A.D. 2008.

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

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

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Date: 09-22-22