

**M22000017477**

Florida Department of State  
Division of Corporations  
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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  
INCREMEDICAL THERAPY SOLUTIONS, LLC**

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

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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. IncreMedical Therapy Solutions, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Indiana, USA

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. Nov. 17th, 2022

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

5. 1650 Lyndon Farm Court, 3rd Floor

(Street Address of Principal Office)

6. 1650 Lyndon Farm Court, 3rd Floor

(Mailing Address)

Louisville

Louisville

Kentucky 40223

Kentucky 40223

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

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.*

Brian Radecki

Brian Radecki, Assistant Secretary, 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 checked="" type="checkbox"/> Manager    | Name: <u>Confluent Health, LLC</u>                | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: <u>1650 Lyndon Farm Court, 3rd Floor</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized            | <u>Kentucky 40223</u>                             | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____   | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____              | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br>   |   | <br>                                 |                                      |
| <input type="checkbox"/> Manager               | Name: <u>Laurence N. Benz</u>                     | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: <u>1650 Lyndon Farm Court, 3rd Floor</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input checked="" type="checkbox"/> Authorized | <u>Kentucky 40223</u>                             | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____   | Person                               | _____                                |
| <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____              | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <br>   |   | <br>                                 |                                      |
| <input type="checkbox"/> Manager               | Name: _____                                       | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                | Address: _____                                    | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized            | _____   | <input type="checkbox"/> Authorized  | _____                                |
| Person   | _____   | 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.

Digitally signed by:

Laurence N. Benz

Signature of an authorized person.

Laurence N. Benz

Typed or printed name of signer

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**State of Indiana  
Office of the Secretary of State**

**CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**INCREMEDICAL THERAPY SOLUTIONS, LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on November 17, 2022, and was in existence or authorized to conduct business in the State of Indiana on November 18, 2022.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 18, 2022

HOLLI SULLIVAN  
SECRETARY OF STATE

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All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>  
Expires on December 18, 2022.

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