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To:

Division of Corporations

Fax Number : (850)617-6383

From:

رنځ

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email	Address:_		_		 · · · · ·		
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Foreign Limited Liability Company

Allegiance House Calls LLC

Certificate of Status	0	
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DEC - 1 2022

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Name: Registered Agents Inc 1. 200 2. Office Address: 7901 4th St N STE 300		Limited Liability Company; must include "Limited Li				
(Due that the law of which foreign limited liability company is organized) (Due that the law of which foreign limited liability company is organized) (Due that the law of which foreign limited liability company is organized) (See sections 145,090 to 160,0905, F.S. to determine seculty liability) 7901 4th St N STE 300 (A. 126 Nightingale Ave Suite B (Maiding Address) St. Petersburg FL 33702 Stephens City VA 22655 Name: Registered Agents Inc Office Address: 7901 4th St N STE 300 St. Petersburg St. Petersburg (Cay) (Cay) (Cay) (Cay) (Cay) Registered agent and to accept service of process for the above stated limited liability company at the processing and in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar in this capacity.		name adopted for the purpose of transacting business in Florid		hty Company," "L.L.C," or "L.E.C ")		
T901 4th St N STE 300 St. Petersburg FL 33702 Registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc Office Address: St. Petersburg Registered agent in STE 300 St. Petersburg Registered Agents Inc Office Address: Typo1 4th St N STE 300 St. Petersburg Registered Agents Inc Office Address: Typo1 4th St N STE 300 St. Petersburg St. Petersburg Registered agent and to accept service of process for the above stated limited liability company at the pesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar in the proper and complete performance of my duties, and I am familiar in the proper and complete performance of my duties, and I am familiar in the proper and complete performance of my duties, and I am familiar in the proper and complete performance of my duties, and I am familiar in the proper and complete performance of my duties, and I am familiar in the proper and complete performance of my duties, and I am familiar in the proper and complete performance of my duties, and I am familiar in the proper and complete performance of my duties, and I am familiar in the proper and complete performance of my duties, and I am familiar in the proper and complete performance of my duties, and I am familiar in the proper and complete performance of my duties, and I am familiar in the proper and complete performance of my duties.	Ourisdiction under the law of w	hich foreign limited liability company is organized)	3. 830970184 (FEI number.	if applicable)		
Test Address of Principal Giffee) St. Petersburg FL 33702 Stephens City VA 22655 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc Office Address: St. Petersburg Test Address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc Office Address: St. Petersburg Test Address: Test Address:		Date first transacted business in Florida, if prior to reg	i notici	_		
St. Petersburg FL 33702 Stephens City VA 22655 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc Office Address: 7901 4th St N STE 300 St. Petersburg (Cay) Florida 33702 (Cap code) PR 22 20 20 20 20 20 20 20 20 20 20 20 20	7901 4th St	(See sections (0)5,0904 & 605,0905, F.S. to determine)	mine penalty liability)			
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc Office Address: The ending agent's acceptance: Inving been named as registered agent and to accept service of process for the above stated limited liability company at the pesignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar in the process of the above stated provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar in the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar in the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar in the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar in the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar in the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar in the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar in the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar in the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar in the provisions of all statutes relative to the proper and complete performance of my duties.		*******	(Mailing Address)			
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	laving been named as re lesignated in this applica- o comply with the provis	egistered agent and to accept service of pro tion. I hereby accept the appointment as r ions of all statutes relative to the proper a	egistered agent and agree to act in	ibility company at the plac this capacity. I further ay		

(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]: Name and Address: Name and Address: Title or Capacity: Title or Capacity: Name: ___ Name: □Manager □Manager □Member Address: Address: ☑ Member 126 Nightingale Ave Suite B □ Authorized □ Authorized Stephens City VA 22655 Person Person Other □Other _____ □Other □Other_____ Name: _____ Name: _____ □ Manager □Member Address: _____ Address: □ Member Authorized □ Authorized Person Person □Other_____ □Other_____ □Other____ Name: ______ □Manager Name: □ Manager □ Member Address: ______ Address: □Member ☐ 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. Nonindexed 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. Signature of an authorized person Riley Park

Typed or printed name of signee

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

1 Certify the Following from the Records of the Commission:

That Allegiance House Calls LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on June 19, 2018; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

TOO 3

Signed and Sealed at Richmond on this Date:

November 30, 2022

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2022113018041515