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per 12 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195			
REFERENCE : 176661 4305845			
AUTHORIZATION : Carelle Blank.			
COST LIMIT : \$ 130.00			
ORDER DATE : December 2, 2022			
ORDER TIME : 9:25 AM			
ORDER NO. : 176661-170			
CUSTOMER NO: 4305845			
FOREIGN FILINGS			
NAME: QUATRIS, LLC			
XXXX QUALIFICATION (TYPE: <u>LL</u>)			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING			

EXAMINER: ____

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

	Quatris, LLC		
UBJEC	Name of Limited Liability Company		
	Nan	ne of Chancel Clabinty Company	
The enclo Existence	sed "Application by Foreign Limited Liability, and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate referenced foreign limited liability company to transact business in Florida.	
Please ret	urn all correspondence concerning this matter	to the following:	
	Dustin Wienecke		
		Name of Person	
	Quatris HealthCo, LLC		
		Firm/Company	
	PO Box 387		
		Address	
	Lake Oswego, OR 97034		
	(City/State and Zip Code	
	CThomas@QHCO.com		
	E-mail address; (to b	c used for future annual report notification)	
or further	r information concerning this matter, please ca	dl:	
C	Dustin Wienecke	817 282-0300	
	Name of Contact Person	Area Code Daytime Telephone Number	
R	Iniling Address: legistration Section	Street Address: Registration Section	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
	fallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
P	nclosed is a check for the following amount: lease make check payable to: FLORIDA DEF I \$125.00 Filing Fee S130.00 Filing Fe Certificate of	re & S155.00 Filing Fee & S160.00 Filing Fee, Certificate	

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

IN COMPILANCE WITH SECTION 605-0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (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.E.C," or "L.E.C.") 46-1523406 Texas (Jurisdiction under the law of which foreign limited liability company is organized) (Ff:I number, if applicable) On filing (Date first transacted business in Florida, if prior to registration.)
(See sections 605 0904 & 605 0905, F.S. to determine negative liability.) PO Box 387 525 3rd St., Suite 200 (Street Address of Principal Office) (Mailing Address) Lake Oswego, OR 97034 Lake Oswego, OR 97034 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 32301 . Florida 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. Corporation Service Company

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: Name: ______ Name: ______ ■ Manager □Manager PO Box 387 Address: □ Member □Member Address: Lake Oswego, OR 97034 □ Authorized □Authorized Person Person Other___ Other____ □Other Other Name: OHCO, LLC □ Manager ■ Manager Name: _____ Address: PO Box 387 ■ Member Address: □ Member Lake Oswego, OR 97034 □ Authorized □Authorized Person Person Other___ Other____ □Other_____ Other____ □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. 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. Wilbert Davis Signature of an authorized person-Wilbert Davis, Authorized Person

Typed or printed name of signee



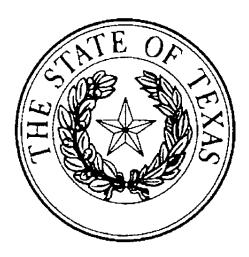
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Quatris, LLC (file number 801668529), a Domestic Limited Liability Company (LLC), was filed in this office on October 12, 2012.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on December 08, 2022.



John B. Scott Secretary of State

Phone: (512) 463-5555