

M22000018521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

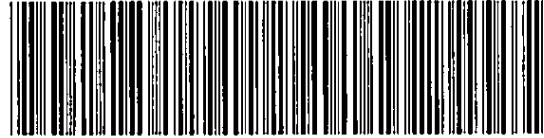
(Business Entity Name)

(Document Number)

☺ Copies _____ Certificates of Status _____

Additional Instructions to Filing Officer:

Office Use Only



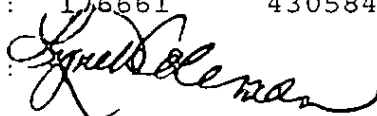
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RECEIVED
2022 DEC 13 PM 3:49
FALLAHASSEE, FL

APPROVED
AND
FILED
2022 DEC 13 PM 5:48
ALAN J. ESTAN
CLERK OF COURT

DEC 12 2022
K. Brumbrey

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 176661 4305845
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : December 2, 2022
ORDER TIME : 1:35 PM
ORDER NO. : 176661-040
CUSTOMER NO: 4305845

FOREIGN FILINGS

NAME: QUATRIS HEALTHCO, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quatris HealthCo, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dustin Wienecke
Name of Person
Quatris HealthCo, LLC
Firm/Company
PO Box 387
Address
Lake Oswego 97034
City/State and Zip Code
AP@qhco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at (Area Code) Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Quatris HealthCo, 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 61-1899458
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. On filing
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)

5. 525 3rd St., Suite 200 PO Box 387
(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)

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

APPROVED AND FILED
2022 DEC 13 PM 5:48

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.

By: Eyleina Bahor
Corporation Service Company
Assistant Vice President
(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 checked="" type="checkbox"/> Manager	Name: <u>Dustin Wienecke</u>	<input type="checkbox"/> Manager	Name: <u>Quatris Health Holdings, LLC</u>
<input type="checkbox"/> Member	Address: <u>PO Box 387</u>	<input checked="" type="checkbox"/> Member	Address: <u>40 Fulton St., 27th Floor</u>
<input type="checkbox"/> Authorized	<u>Lake Oswego</u>	<input type="checkbox"/> Authorized	Attn: <u>Howard Kaufman</u>
Person	<u>Oregon 97034</u>	Person	<u>New York, NY 10038</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Healthco Holdings, LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>PO Box 387</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Lake Oswego</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Oregon 97034</u>	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	_____	<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.



 Signature of an authorized person

WILBERT DAVIS

 Typed or printed name of signer

Delaware

Page 1

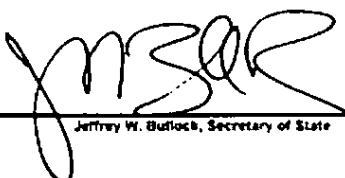
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "QUATRIS HEALTHCO, 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 SECOND DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QUATRIS HEALTHCO, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JULY, A.D. 2018.

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




Jeffrey W. Bullock, Secretary of State

6974656 8300

SR# 20224161693

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204993338

Date: 12-02-22