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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6393

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCAD00000023
Phone : (954) 206-0645
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jeremy@networkeyeatc.com

**Foreign Limited Liability Company
Network Eye MSO (FL), LLC**

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

S. FROM 12/20/2022
12:39:39

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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.

NETWORK EYE MSO (FL), LLC

1. _____
(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")
DE 87-2023401

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FLL number, if applicable)

1/6/2022

4. _____
(State first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.005, F.S., to determine penalty liability.)

8801 W. Linebaugh Ave., Suite 101

8801 W. Linebaugh Ave., Suite 101

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

Tampa, FL 33626

Tampa, FL 33626

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

C T Corporation System

Name

1200 South Pine Island Road

Office Address:

Plantation

33324

_____, Florida

(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.

C T Corporation System

By:

(Registered agent's signature)

Eric Jensen, Assistant Secretary

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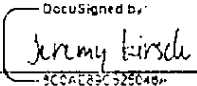
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Jeremy Kirsch</u> Address: <u>3317 P St, NW</u> <u>Washington, DC 20007</u>	☐ Manager	Name: _____ Address: _____
☐ Member	_____	☐ Member	_____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: _____ Address: _____	☐ Manager	Name: _____ Address: _____
☐ Member	_____	☐ Member	_____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: _____ Address: _____	☐ Manager	Name: _____ Address: _____
☐ Member	_____	☐ 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. 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.

DocuSigned by:

 Signature of an authorized person
 Jeremy Kirsch, Manager
 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NETWORK EYE MSO (FL), 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 TWENTIETH DAY OF DECEMBER, A.D. 2022.

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



6004948 8300

SR# 20224322694

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 205144742

Date: 12-20-22