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2023 MAY 31 PM 2:22

T. LEMIEUX

JUN - 9 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bridge Global Health, 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:

Patrick R. Norris

Name of Person

Norris Legal Family Office

Firm/Company

1100 Peachtree Street, NE, Suite 690

Address

Atlanta, Georgia 30309

City/State and Zip Code

Patrick@norris-legal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick R. Norris

404 855-3750
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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Bridge Global Health, 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. Georgia 87-1210481
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 1 Clay Place
(Street Address of Principal Office)
Hapeville, Georgia 30354
6. 1 Clay Place
(Mailing Address)
Hapeville, Georgia 30354

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

2023 MAY 31 PM 2:22

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 Theresa Buck, Assistant Secretary
(Registered agent's signature)

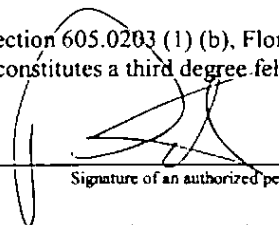
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Jutsin Byczek	<input checked="" type="checkbox"/> Manager	Name: James Hollowed
<input type="checkbox"/> Member	Address: 1 Clay Place	<input type="checkbox"/> Member	Address: 1 Clay Place
<input type="checkbox"/> Authorized	Hapeville, Georgia 30354	<input type="checkbox"/> Authorized	Hapeville, Georgia 30354
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Patrick R. Norris	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address: 1100 Peachtree Street, NE	<input type="checkbox"/> Member	Address:
<input checked="" type="checkbox"/> Authorized	Suite 690	<input type="checkbox"/> Authorized	
Person	Atlanta, Georgia 30309	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

Patrick R. Norris

Typed or printed name of signee

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Bridge Global Health, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 25206638
Date Inc/Auth/Filed: 06/11/2021
Jurisdiction : Georgia
Print Date : 05/24/2023
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State



May 25, 2023

VIA FEDERAL EXPRESS
TRACKING NO. 772254850880

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Foreign LLC Application

Dear Madam or Sir:

Please find enclosed the following:

- (1) One (1) Original Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida (the "Application").
- (2) A Certificate of Existence
- (3) Our Firm's check number 1006 in the amount of One Hundred Thirty and No/100th U.S. Dollars (\$130.00) for the cost associated with filing the Application.

Upon your receipt, please file the Application. If you have any questions, please do not hesitate to contact me at (404) 855-3750. As always, I thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kaylee Herrell'.

Kaylee N. Herrell,
Legal Assistant

Enclosures