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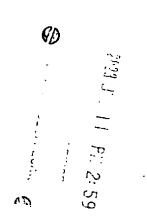
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	Business Entity Name)	
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Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com

850.656.7953

REQUEST DATE 07/11/2023

PRIORITY Routine

OUR REF # (Order ID#) Courtney

ORDER ENTITY

ALARIS ACQUISITIONS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

ALARIS ACQUISITIONS, LLC

Please file the attached qualification.

NOTES:

\$125.00 Authorized

Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

Alaris Acquisitions, 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.")

North Carolina

2.

(Durisdiction under the law of which foreign limited liability company is organized)

(Date first transacted business in Florida, if prior to registration.)
(See sections 605 60904 & 605,0905; F.S. to determine penalty liability)

201 N US Highway 1 Ste D10 #1033

201 N US Highway 1 Ste D10 #1033

6. (Mailing Address)

Jupiter, FL 33477

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

Name:

Incorporating Services, Ltd.

I540 Glenway Drive

Fallahassee

Tallahassee

(Cuy)

Incorporating Services, Ltd.

Isaura Services,

Registered agent's acceptance:

(Street Address of Principal Office)

Jupiter, FL 33477

Having been named as registered agent and to accept service of process for the above stated limited liability complety 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.

Courtney Lehto, 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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Allen Darby □Manager □ Manager 201 N US Highway 1 9 Vermilion Cliffs **■**Member Address: Address: ☐ Member Ste D10 #1033 Aliso Viejo, CA 92656 ☐ Authorized □ Authorized Ste D10 #1033 Person Person □Other □Other □Other_____ □Other____ Name: ____Alana Groulx □ Manager □Manager 201 N US Highway 1 □Member Address: ☐ Member Ste D10 #1033 Authorized □ Authorized Ste D10 #1033 Person Person □ Other □Other____ □Other Other_____ Name: □Manager □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 \$.817.155, F.S. OccuSigned by: alara Groulz 9990925A459F483-Signature of an authorized person

Typed or printed name of signee

Alana Groulx



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

ALARIS ACQUISITIONS, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 25th day of June, 2020

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 11th day of July, 2023.

6 laine I Marshall

Secretary of State

Certification# 117280834-1 Reference# 20293348- Page: 1 of 1 Verify this certificate online at https://www.sosne.gov/verification