

# M23000009929

Florida Department of State  
Division of Corporations  
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## Foreign Limited Liability Company RO HEALTH SERVICES LLC

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

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# 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. Ro Health Services LLC  
(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")

2. Delaware 3. 93-2581909  
(Jurisdiction under the law of which foreign limited liability company is organized) (FTE number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
 (See sections 605.0903 & 605.0905, F.S., to determine penalty liability)

5. 3606 Quantum Boulevard 6. c/o Roman Health Ventures Inc  
(Street Address of Principal Office) (Mailing Address)  
Boynton Beach, FL 33426 116 W 23rd Street, 4th Floor  
New York, NY 10011

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

Name. CT Corporation System  
 Office Address. 1200 South Pine Island Road  
Plantation 33324  
(City) (Zip code)  
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.

Denise Bell Denise Bell Assistant Secretary  
(Registered agent's signature)

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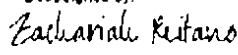
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>               | <u>Title or Capacity:</u>                   | <u>Name and Address:</u>               |
|---|--|---|--|
| <input type="checkbox"/> Manager            | Name: Roman Health Ventures Inc        | <input checked="" type="checkbox"/> Manager | Name: Zachariah Reitano                |
| <input checked="" type="checkbox"/> Member  | Address: 116 W 23rd Street, 4th Floor  | <input type="checkbox"/> Member             | Address: c/o Roman Health Ventures Inc |
| <input type="checkbox"/> Authorized         | New York, NY 10011                     | <input type="checkbox"/> Authorized         | 116 W 23rd Street, 4th Floor           |
| Person                                      |  | Person                                      | New York, NY 10011                     |
| <input type="checkbox"/> Other              | <input type="checkbox"/> Other         | <input type="checkbox"/> Other              | <input type="checkbox"/> Other         |
| <input checked="" type="checkbox"/> Manager | Name: Saman Rahmaman                   | <input type="checkbox"/> Manager            | Name:                                  |
| <input type="checkbox"/> Member             | Address: c/o Roman Health Ventures Inc | <input type="checkbox"/> Member             | Address:                               |
| <input type="checkbox"/> Authorized         | 116 W 23rd Street, 4th Floor           | <input type="checkbox"/> Authorized         |  |
| Person                                      | New York, NY 10011                     | 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 817.135, F.S.

DocuSigned by:  
  
 BA725600-331424  
 Signature of an authorized person  
 Zachariah Reitano  
 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 "RO HEALTH SERVICES 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 TWENTY-EIGHTH DAY OF JULY, A.D. 2023.

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



7537834 8300

SR# 20233114709

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Authentication: 203851537

Date: 07-28-23