

8/31/23, 1:53 PM

Division of Corporations

M23000011386

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : 120880000045
Phone : (302)645-7400
Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company Somnio Health Solutions, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 04 |
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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. Somnio Health Solutions, 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 3. 93-3048870
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0935, F.S. to determine penalty liability)

5. 20801 Biscayne Blvd 6. 20801 Biscayne Blvd
(Street Address of Principal Office) (Mailing Address)

Suite 403 Suite 403
Aventura, FL 33180 Aventura, FL 33180

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

Name: Registered Agents Inc.
Office Address: 7901 4th Street N, Ste 300
St. Petersburg 33702
(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.

David Roberts

(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]:

Title or Capacity:Name and Address:☐ Manager

Name: Radiant Health Solutions, LLC

☒ Member

Address: 20801 Biscayne Blvd

☐ Authorized

Suite 403

Person

Aventura, FL 33180

☐ Other☐ Other☒ Manager

Name: Gregory D. Nakagawa

☐ Member

Address: 20801 Biscayne Blvd

☐ Authorized

Suite 403

Person

Aventura, FL 33180

☐ Other☐ Other☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other☐ OtherTitle or Capacity:Name and Address:☐ Manager

Name: Wound Pros Enterprises

☒ Member

Address: 4640 Admiralty Way

☐ Authorized

Suite 500

Person

Marina del Rey, CA 90292

☐ Other☐ Other☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other☐ Other☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

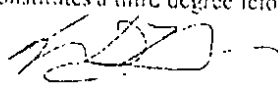
Person

☐ 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.


 Signature of an authorized person

Gregory D. Nakagawa

Typed or printed name of signer

Delaware

The First State

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOMNIO HEALTH SOLUTIONS, 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 THIRTY-FIRST DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOMNIO HEALTH SOLUTIONS, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2023.

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



7632904 8300

SR# 20233393393

You may verify this certificate online at 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: 204076738

Date: 08-31-23