



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. Story Health Partners LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Ashul Govil

(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 92-0697657
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 838 WALKER RD, SUITE 21-2 DOVER, DE 19904
(Street Address of Principal Office)
6. 838 WALKER RD, SUITE 21-2 DOVER, DE 19904
(Mailing Address)

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

Name: Registered Agents Inc.
Office Address: 7901 4th St N Ste 300
St. Petersburg Florida St. Petersburg
(City) (Zip code)

FILED
2023 AUG 25 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Bill Hama

(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:**

Manager              Name: Ashul Govil \_\_\_\_\_

Member              Address: 20823 Stevens Creek Blvd, Suit \_\_\_\_\_

Authorized              Cupertino, CA 95014 \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

Manager              Name: \_\_\_\_\_

Member              Address: \_\_\_\_\_

Authorized              \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager              Name: \_\_\_\_\_

Member              Address: \_\_\_\_\_

Authorized              \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager              Name: \_\_\_\_\_

Member              Address: \_\_\_\_\_

Authorized              \_\_\_\_\_

Person \_\_\_\_\_

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.

*Ashul Govil*

Signature of an authorized person

Ashul Govil

Typed or printed name of signer

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STORY HEALTH PARTNERS 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 ELEVENTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STORY HEALTH PARTNERS LLC" WAS FORMED ON THE EIGHTEENTH DAY OF APRIL, A.D. 2022.

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



6740788 8300

SR# 20233225262

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: 203944767

Date: 08-11-23