



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 28, 2023

KEVIN KENNEDY
36 LONG ALLEY
SARATOGA SPRINGS, NY 12866 US

SUBJECT: OUTCOMERX INSURANCE MANAGEMENT SERVICES, LLC
Ref. Number: W23000117453

We have received your document for OUTCOMERX INSURANCE MANAGEMENT SERVICES, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 123A00020089

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. OutcomeRx Insurance Management Services, 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. Maryland 85-2339552
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN 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. 6931 Arlington Road
(Street Address of Principal Office)
Suite 400
Bethesda, MD 20814

6. 6931 Arlington Road
(Mailing Address)
Suite 400
Bethesda, MD 20814

FILED
2023 SEP 14 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FL

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

Name: 3H Agent Services, Inc.
Office Address: 1415 Panther Lane, Suite 327
Naples, Florida 34109
(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.

[Handwritten Signature]
(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: <u>Brooks Wildasin</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Mark Hansan</u>
<input type="checkbox"/> Member	Address: <u>6931 Arlington Road</u>	<input type="checkbox"/> Member	Address: <u>6931 Arlington Road</u>
<input type="checkbox"/> Authorized	<u>Suite 400</u>	<input type="checkbox"/> Authorized	<u>Suite 400</u>
Person	<u>Bethesda, MD 20814</u>	Person	<u>Bethesda, MD 20814</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____


<input checked="" type="checkbox"/> Manager	Name: <u>Joseph Morse</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>6931 Arlington Road</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Suite 400</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Bethesda, MD 20814</u>	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

 Brooks Wildasin

 Typed or printed name of signer

STATE OF MARYLAND
Department of Assessments and Taxation

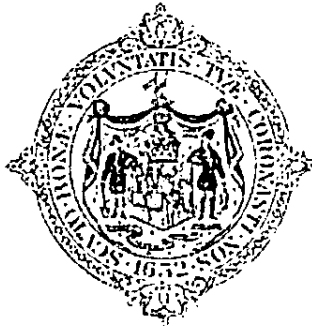
I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT OUTCOMERX INSURANCE MANAGEMENT SERVICES, LLC (W20639829), REGISTERED JUNE 26, 2020, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 05, 2023.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: 38fY3DmSqkSr8Wfc5rDdwQ
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>