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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

OATE 09/21/2023	₩WALK				
ENTITY NAME RELUME CENTER HOLDCO, LLC					
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DUNTRY OF DESTINAT	Certified Copy of Arts & Amendments Certificate of Good Standing **APOSTILLE' / NOTARIAL CERTIFICATION**				

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:

name unavailable, enter alternate r	ame adopted for the purpose of transacting business in Florie	do. The alternate name must include "Limited L	ability Company," "L.L.C,"	or "LLC.")
Delaware		3		
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)		
	(Date first transacted business in Florida, if prior to reg (See sections 605,0904 & 605,0905, F.S. to determine	istration.) penalty liability)		
10150 Highland Mano		10150 Highland Manor DR		
Street Address of Principal Office)		(Mailing Address)		
Tampa FL 33610		Tampa FL 33610		
			21	
Name and street address	s of Florida registered agent: (P.O. Box 1	<u>VOT</u> acceptable)	2023 SEP 2	
.,	Platinum Agent Services LLC		21	FILE
Name:	145.00		P	□,
Name: Office Address:	155 Office Plaza Dr		· O)	
	Tallahassee	32301 , Florida	6. 5	
		* =- :		

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: Name and Address: Title or Capacity: Leopold Friedman Name: Malky Friedman □Manager ■ Manager 10150 Highland Manor DR #30 Address: _ 10150 Highland Manor DR #30 Address: ■ Member **■** Member Tampa FL 33610 Tampa FL 33610 □ Authorized □ Authorized Person Person □Other . □Other □Other_____ Other Name: _____ □Manager □Manager □Member Address: _____ □Member Address: ____ □Authorized □ Authorized Person Person □Other____ □Other____ □Other □Other Name: _____ Manager □Manager □Member Address: 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 s.817.155, F.S. /s/ Leopold Friedman Signature of an authorized person

Typed or printed name of signee

Leopold Friedman

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RELUME CENTER HOLDCO, 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-FIRST DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RELUME CENTER HOLDCO, LLC" WAS FORMED ON THE TWENTIETH DAY OF SEPTEMBER, A.D. 2023.

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

Authentication: 204210769

Date: 09-21-23