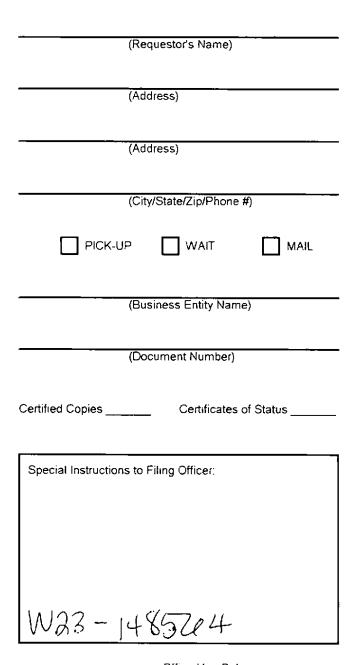
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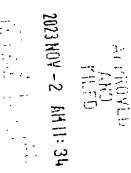


Office Use Only



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10/31/23--01002--008 **125.00





NOV 0 3 2023 K. Brumbley



October 31, 2023

CORPORATE ACCESS

SUBJECT: LOVING HEART P.L.L.C LLC

Ref. Number: W23000148564

We have received your document for LOVING HEART P.L.L.C 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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

Ariel Jones Regulatory Specialist II

PRECEIVED

2020 MOV -2 PM 1:5

Letter Number: 323A00025270

CORPORATE ACCESS, _____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PICK UF	P: BROOK 10/30
	CERTIFIED COPY	
XX	РНОТОСОРУ	
	GS	
XX	FILING	LLC
1.	LOVING HEART P.L.L.C. LLC	
	(CORPORATE NAME AND DOCUMENT #)	
2.	(CORPORATE NAME AND DOCUMEN	NT #)
3.	(CORPORATE NAME AND DOCUMEN	NT #)
4.		
	(CORPORATE NAME AND DOCUMEN	NT #)
5.		
	(CORPORATE NAME AND DOCUMEN	NT #)
6.	(CORPORATE NAME AND DOCUMENT #)	
SPECIA	A T	
	UCTIONS:	
		

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: LOVING HEART P.L.L.C. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C." or "LLC.") Loving Heart Telehealth 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 "L.L.C.") Washington (Jurisdiction under the law of which foreign limited liability company is organized) N/A 5. (Street Address of Principal Office) 12020 Sunrise blvd E Apt K-107 12020 Sunrise blvd E Apt K-107 Puyallup, WA 98374 Puyallup, WA 98374 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Legaline Corporate Services Inc. Name: 476 Riverside Ave. Office Address: Jacksonville 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.

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: Name: Nerlie Germeille Junior Germeille ☐ Manager □Manager 12020 Sunrise Blvd E Apt K-107 12020 Sunrise Blvd E Apt K-107 ■ Member ■Member Puyallup, WA 98374 Puyallup, WA 98374 ☐ Authorized □ Authorized Person Person □Other Other □Other_ □Other ____ □Manager □Manager Address: _____ □Member □Member Address: _____ □ Authorized □Authorized Person Person Other Other_ Other_ □Other___ □Manager □Manager Name: ______ ☐ Member □Member 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.

Typed or printed name of signee

Junior Germeille



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

LOVING HEART P.L.L.C.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/21/2023.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 09/25/2023

ER Hollie

UBI Number: 605 301 510

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 09/25/2023

