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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120890808081 Phone : (387)200-2803 Fax Number : (813)436-5206

\*\*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 Beyond Anesthesia LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

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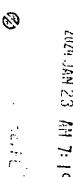
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1/23/2024 12:39:22 PST To: 18506176383 Page: 2/4 From: Registered Agents Inc Fax: 8134365206

## 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	name adopted for the purpose of transacting business in Flo	orida. The al	ternale name must include "Limited I	iability Company,"	"L.L.C," or "LLC
Alabama  Durisdiction under the law of w	hich foreign funited hability company is organized)	3.	92-1519668	ober, if applicable)	<del></del>
	(Date first transacted business in Florida, if prior to r (See sections 602-0904 & 605-0905, F.S. to determin	egistration ) ne penalty to	ability i	<del></del>	
212 W. Troy St. STE B		6.	(Stating Address)		
reet Address of Principal Office)			(Mailing Address)		
Dothan AL 36303			othan AL 36303		
	c of Florida renistered agent: (P.O. Roy		ceptable)	8	
. Name and <u>street addres</u>				;	24 JI
. Name and street address  Name:	Northwest Registered Agent LLC			:	2024 JAN 23
			·	;  t	3 M
	Northwest Registered Agent LLC		  , Florida <sup>33702</sup>	; ; ;	ဃ

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.

77-14		
	(Registered agent's signature)	·

To: 18506176383

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:	Title or Capacity:	Name and Address:
□Manager	Name:		□Manager	Name: David Maxwell
□Member	Address:		⊠Member	Address:
□Authorized			□Authorized	7901 4th St N STE 300
Person			Person	St. Petersburg FL 33702
□Other		□ Other	□Other	Other
□Manager	Name:		□Manager	Name:
□Member	Address:		□Member	Address:
∏Authorized			TAnthorized	
Person	*************************		Person	
□Other		□ Other	□Other	Other
⊔Manager	Name:		∐Manager	Name:
□Member	Address:		□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.

	A ME GRANTE	
	Signature of an authorized person	
Nat Smith		
	Typed or printed name of signee	

P.O. Box 5616

Montgomery, AL 36103-5616

Fax: 8134365206

Wes Allen Secretary of State

## STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Beyond Anesthesia LLC was formed in Alabama on December 28, 2022. The Alabama Entity Identification number for this entity is 001-054-998. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20240123000009550

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

01/23/2024

Date

Wes Allen

Secretary of State