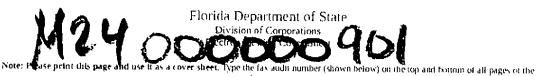
Division of Corporations



document.

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io:

Division of Corporations

Fax Number

1 (850)617-6353

From.

Account Name : REGISTERED AGENTS INC.

Account Number : 128890000081 : (307)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 TilmaCare, LLC

Centificate of Status	0
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Page Count	0.4
Estimated Charge	\$125.00

Electronic Eding Menu — Corporate Filing Menu

Help

## 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:

TilmaCare, LL	С			
(Name of Foreign	i Chinted Liability Company; must include "Limite	d Liabibity Company," "L.I. C.," or "LLC."	1	
If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	orida. The alternate name must include "Limited I	Liability Company," "L.L.C," or "LLC,")	
, Georgia		3. 88-236441 <b>2</b>		
(Jurisdiction under the law of which foreign limited liability company is organized)		(FEI monber, (Lapplicable)		
4				
	[Date first transacted business in Harida, if prior to (See sections 605 19944 & 605 19905, F.S. to determ	registration,) ne penalty hability)	<del> </del>	
7901 4th St N STE 300		6. 7901 4th St N STE 300		
Street Address of Principal Office)		(Mailing Address)	\$,·- <sub></sub>	
St. Petersburg FL 33702		St. Petersburg FL 33702		
			R	
I. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Registered Agents Inc		2	
Office Address:	7901 4th St N STE 300		47:19	
	St. Petersburg	, Florida <mark>33702</mark>		
	(Cuy)	(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.

Divis Defects		
	(Registered agent's signature)	

1/24/2024 13:06:01 PST

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

Title or Capacity:		Name and Address:	Title or Capacity:	Name and Address
□Manager	Name:		□Manager	Name: HALIMATOU DIALLO
□Member	Address:		[XMember	Address:
□Authorized			□Authorized	7901 4th St N STE 300
Person	<u> </u>		Person	St. Petersburg FL 33702
Other		□Other	Other	Other
□Manager	Nume:		□Manager	Name:
□Member	Address:		□Member	Address:
TA unborized			[]Authorized	
Person	***************************************		Person	
□Other		□ Other	□ Other	Other
JManager	Name:		∐Manager	Name:
□Member	Address:	<del></del>	□Member	Address:
JAuthorized			□Authorized	
Person			Person	
]Other		□Other	Other	Other
mportant Notice: Us ndexed individuals	se an attachme nay be added	ent to report more than six (6). to the index when filing your	The attachment will be imag Florida Department of State	ged for reporting purposes only. Nor Annual Report form.

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

Medican Jenny Signature of an authorized person

Typed or printed name of signed

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Robin Jones

Control Number: 22082203

# STATE OF GEORGIA

## Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# TilmaCare, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 26530761 Date Inc/Auth/Filed: 04/05/2022 Jurisdiction : Georgia Print Date : 01/24/2024

Form Number : 211



Brad Raffonsperger

Brad Raffensperger Secretary of State