

M24000001366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

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TALLAHASSEE, FLORIDA

2024 FEB -5 AM 11:39

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FEB 06 2024

K. Brumley



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt  
Ext:  
Date: 02/05/24  
Order #: 1413950-1  
Re: Advent Home Medical, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$155.0 - FL State Account Number:

I20000000195

AUTH

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the word 'AUTH'.

Please take the following action:

File in your office on basis

Issue Proof of Filing

ISSUE CERTIFIED COPY

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Advent Home Medical LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Maria Kenigsberg

\_\_\_\_\_  
Name of Person

Chuhak & Tecson, P.C.

\_\_\_\_\_  
Firm/Company

120 S. Riverside Plaza, Suite 1700

\_\_\_\_\_  
Address

Chicago, Illinois 60606

\_\_\_\_\_  
City/State and Zip Code

mkenigsberg@chuhak.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Kenigsberg

312

855-5442

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

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:

1. Advent Home Medical 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. Delaware 3. 20-1137393  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 1535 Highwood E 6. 1535 Highwood E  
(Street Address of Principal Office) (Mailing Address)  
Pontiac, MI 48340 Pontiac, MI 48340

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee , Florida 32301  
(City) (Zip code)

2024 FEB -5 AM 9:57

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.

Christopher Michael-Evanson, #111  
(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]:

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Advent-Advicare Acquisition Inc.

☒ Member                      Address: 1535 Highwood E

☐ Authorized                      Pontiac, MI 48340

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: Chad Eckes

☐ Member                      Address: 1616 W. End Ave., Unit 2802

☐ Authorized                      Nashville, TN 37203

Person \_\_\_\_\_

☒ Other CEO                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Brian Dacy

☐ Member                      Address: 460 S. Green Bay Rd.

☐ Authorized                      Lake Forest, IL 60045

Person \_\_\_\_\_

☒ Other President                      ☒ Other Secretary

☐ Manager                      Name: Amy Kosin

☐ Member                      Address: 2653 Barrington Dr. E

☐ Authorized                      Aurora, IL 60503

Person \_\_\_\_\_

☒ Other CFO                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

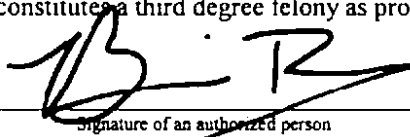
Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ 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

Brian Dacy  
\_\_\_\_\_  
Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ADVENT HOME MEDICAL 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 SECOND DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ADVENT HOME MEDICAL LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2021.

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



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

5238501 8300

SR# 20240339113

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202727716

Date: 02-02-24