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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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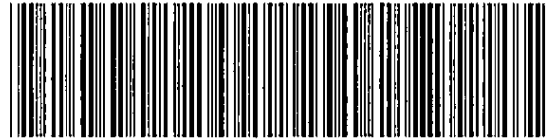
(Business Entity Name)

(Document Number)

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SOUTH FLORIDA
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MC-21 Healthcare, 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:

Barbara Rambo

Name of Person

MC-21 Healthcare, LLC

Firm/Company

1267 Professional Pkwy

Address

Gainesville, GA 30507

City/State and Zip Code

brambo@procarerx.com

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

For further information concerning this matter, please call:

Barbara Rambo

Name of Contact Person

at (678)

Area Code

248-3101

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. MC-21 Healthcare, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

NA
(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. Puerto Rico 3. 66-0862707
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. NA
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. Angora Industrial Park, Lot #4 6. Angora Industrial Park, Lot #4
(Street Address of Principal Office) (Mailing Address)
Barrio Bairoa, Carr #1, KM 33.3 Barrio Bairoa, Carr #1, KM 33.3
Caguas, PR 00725 Caguas, PR 00725

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun St., Suite 4

Tallahassee Florida 32301
(City) (Zip code)

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STATE OF FLORIDA
TALLAHASSEE, FL

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.

/s/Christina Marasigan
(Registered agent's signature)

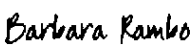
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--|--------------------------------------|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: <u>Barbara Rambo</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>1267 Professional Pkwy</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | <u>Gainesville, GA 30507</u> | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: _____ | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: _____ | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | _____ | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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.

DocuSigned by:

 69228320890E4A2...
 Signature of an authorized person
 Barbara Rambo
 Typed or printed name of signee

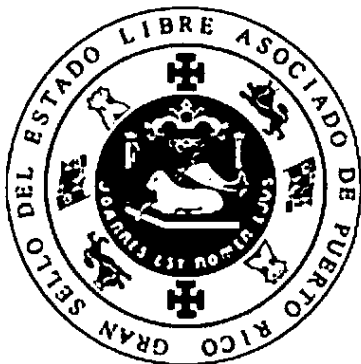


CERTIFICATE OF EXISTENCE

I, **Omar J. Marrero Díaz**, Secretary of State of the Government of Puerto Rico,

CERTIFY: That according to our records **MC-21 HEALTHCARE, LLC**, with registration number **377558**, is a **domestic for profit limited liability company** organized on **July 8, 2016**.

This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **February 2, 2024**.

Omar J. Marrero Díaz
Secretary of State

To validate this certificate go to: <https://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 01-Feb-2025.

Certificate Validation Number: **629503-79773994**