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(Requestor's Name)			
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PICK-UP WAIT MAIL			
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(Business Entity Name)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer			

Office Use Only

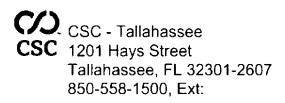


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RECEIVED



To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 03/18/24

Order #: 1444294-2

Re: HOST HEALTHCARE, 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: \$125.0 - FL State Account Number:

12000000195

Certificate of Good Standing from State of Incorporation correis de man

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

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	
SUBJE	Host Healthcare LLC	
		Name of Limited Liability Company
		ed Liability Company for Authorization to Transact Business in Florida," Certificate of r the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning	this matter to the following:
	Chase Jenkins	
	·	Name of Person
		Firm/Company
	1010 N 102nd St #300	
		Address
	Omaha, NE 68114	
		City/State and Zip Code
	hosttaxes@medicalsolution	
	E-mail ad	dress: (to be used for future annual report notification)
For fur	ther information concerning this matte	er, please call:
	Chase Jenkins	402 524-4023 at ()
	Name of Contact P	erson Area Code Daytime Telephone Number
	Mailing Address: Registration Section	Street Address: Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	■ \$125.00 Filing Fee □ \$130.0	g amount:  PRIDA DEPARTMENT OF STATE  OF Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate  Certificate of Status Certified Copy 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(FEI number, (l'applicable)  Hazard Center Drive  Mailing Address)  e 500  Diego, CA 92108
Hazard Center Drive  Mailing Address)
Mailing Address)
Mailing Address)
Mailing Address)
500
Diego, CA 92108
able)
_
_
32301
_ , Florida(Zip code)
e above stated limited liability company at the place gent and agree to act in this capacity. I further agre

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: \_ Rebecca Rogers Tijerino □Manager Name: \_\_\_\_\_ 1010 N 102nd St #300 □ Member Address: □Member Address: Omaha, NE 68114 -Authorized □ Authorized Person Person President □Other\_\_\_\_ □Other □Other Denise Dettingmeijer Name: \_\_\_\_\_ □Manager □Manager 1010 N 102nd St #300 □Member □Member Address: Omaha, NE 68114 ☐ Authorized □ Authorized Person Person Treasurer Other\_\_\_\_ ☐Other\_\_\_\_ □Other\_\_\_\_\_ Stephen Pedersen □Manager □ Manager Name: \_\_\_\_\_ 1010 N 102nd St #300 □ Member □Member Address: Address: Omaha, NE 68114 □ Authorized □ Authorized Person Person Secretary □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. Signature of an authorized person Denise Dettingmeijer Typed or printed name of signer CSC QUAL-28657

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HOST HEALTHCARE, 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 SIXTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOST HEALTHCARE, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2012.

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

Authentication: 202960317

Date: 03-06-24

5187568 8300 SR# 20240907049