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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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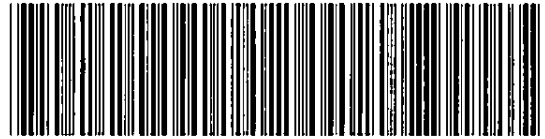
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Erie | North East | Pittsburgh | Jamestown, NY

Knox McLaughlin Gornall & Sennett, P.C.
120 West Tenth Street | Erie, PA 16501-1461
814-459-2800 • www.kmgslaw.com

Colleen D. Campbell
Direct Dial: 814-923-4891
ccampbell@kmgslaw.com

March 28, 2024

Via USPS First Class Mail

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

RE: **Revive Performance Medicine, LLC – Application by Foreign
Limited Liability Company for Authorization to Transact
Business in Florida**

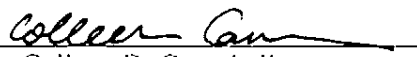
To whom it may concern:

This firm represents Revive Performance Medicine, LLC, a Pennsylvania limited liability company. Please see the enclosed (1) Application to Transact Business in Florida, (2) the Subsistence Certificate for Revive Performance Medicine, LLC dated March 28, 2024, and (3) a check in the amount of \$125 for the filing fee.

Please feel free to contact me directly at ccampbell@kmgslaw.com or (814) 923-4891. Thank you in advance for your assistance with this matter.

Very truly yours,

KNOX McLAUGHLIN GORNALL &
SENNETT, P.C.

By: 
Colleen D. Campbell

COVER LETTER

**TO: Registration Section
Division of Corporations**

Revive Performance Medicine, LLC

SUBJECT: _____
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:

Shamus Reimold

Name of Person

Revive Performance Medicine, LLC

Firm/Company

155 Sumter Place

Address

St. Augustine, Florida, 32092

City/State and Zip Code

reimold30@gmail.com

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

For further information concerning this matter, please call:

Colleen D. Campbell

Name of Contact Person	Area Code	Daytime Telephone Number
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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. Revive Performance Medicine, 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.")

Pennsylvania

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (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)

155 Sumter Place

5. (Street Address of Principal Office)

155 Sumter Place

6. (Mailing Address)

St. Augustine, Florida, 32092

St. Augustine, Florida, 32092

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

Name: Shamus Reimold

Office Address: 155 Sumter Place

St. Augustine, Florida 32092
(City) Florida (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.

(Registered agent's signature)

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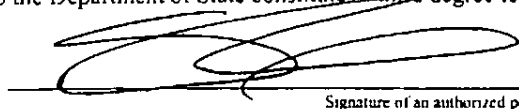
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Shamus Reimold</u>	<input type="checkbox"/> Manager	Name: <u>Brandon Kramer</u>
<input checked="" type="checkbox"/> Member	Address: <u>155 Sumter Place</u>	<input checked="" type="checkbox"/> Member	Address: <u>6401 Downhill Drive</u>
<input type="checkbox"/> Authorized	<u>St. Augustine, Florida, 32092</u>	<input type="checkbox"/> Authorized	<u>Erie, Pennsylvania 16505</u>
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.



Signature of an authorized person

Shamus Reimold

Typed or printed name of signer

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: Revive Performance Medicine LLC
Request Type: Subsistence Certificate **Issuance Date:** March 28, 2024
Request No.: 033112925 **File No.:** 0007602925
Receipt No.: 000976400
Filing Type: Domestic Limited Liability Company
Filing Subtype: Restricted Professional Limited Liability Company
Initial Filing Date: September 14, 2022
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Revive Performance Medicine LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused the seal
of my office to be affixed, the day and year
above written

Albert Schmidt
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov