

M24000005069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

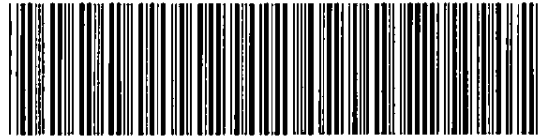
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000424893280

03/01/24--01030--015 **125.00

2024 APR 18 PM 2:56

15

22

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Better Health Midco, 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:

Serenna Kaulins
Name of Person

Better Health Group, LLC
Firm/Company

601 S. Harbour Island Blvd. Suite 200
Address

Tampa, FL 33602
City/State and Zip Code

Serenna.Kaulins@betterhealthgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Serenna Kaulins at (813) 245-8643
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. Better Health Midco, 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

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

3. 87-3720636

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0903, F.S. to determine penalty (inability))

5. 661 S. Harbour Island Blvd Suite 200

(Street Address of Principal Office)

6. 661 S Harbour Island Blvd Suite 200

(Mailing Address)

Tampa, FL 33602

Tampa, FL 33602

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

Name:

C T Corporation System

Office Address:

1200 South Pine Island Road

Plantation

(City)

Florida

33324

(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.

Lisa D. DuBois

(Registered agent's signature)

Lisa D. DuBois, Assist. Sec.

2024 APR 18 PM 2:56

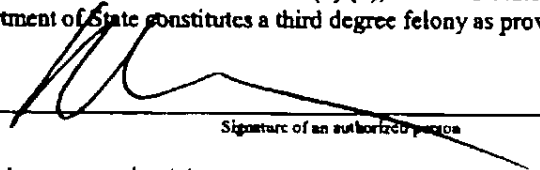
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Michael Polen</u>	<input type="checkbox"/> Manager	Name: <u>Michael Haber</u>
<input type="checkbox"/> Member	Address: <u>601 S. Harbour Island</u>	<input type="checkbox"/> Member	Address: <u>601 S. Harbour</u>
<input type="checkbox"/> Authorized	<u>Blvd. Suite 200 Tampa</u>	<input type="checkbox"/> Authorized	<u>Island Blvd. Suite 200</u>
Person	<u>FL 33602</u>	Person	<u>Tampa, FL 33602</u>
<input checked="" type="checkbox"/> Other <u>President/CEO</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Secretary /</u>	<input type="checkbox"/> Other _____
			<u>General Counsel / VP</u>
<input type="checkbox"/> Manager	Name: <u>Goran JanKovic</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>601 S. Harbour Island</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Blvd. Suite 200 Tampa FL</u>	<input type="checkbox"/> Authorized	_____
Person	<u>33602</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>Treasurer, CFO,</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
	<u>VP</u>		
<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
Michael Haber

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 "BETTER HEALTH MIDCO, 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 EIGHTH DAY OF APRIL, A.D. 2024.



6424718 8300

SR# 20241087518

You may verify this certificate online at corp.delaware.gov/authver.shtml

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

Authentication: 203203562

Date: 04-08-24