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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 fax Number : (614)573-3996

##Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

daniel@deepblueventures.com

Foreign Limited Liability Company MEDISOLUTIONS IL, PLLC, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0502, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

MediSolutions IL, PLL	.C. LLC		
(Name of Foreign	Limited Liability Company; must include "Limited	H.iabilit	Company, "L.L.C.," or "H.C.")
(If name unavodable, enter alternate)	name adopted for the purpose of transacting business in H	onda The	afternate name must include "Lamited Liability Company," "E.L.C." or "E.L.C.")
Illinois 2.		3	99-2840052
Dutisdiction under the law of w	trich foreign limited liability company is organized)	٠.	(El:I mumber, if applicable)
Upon Filing 4.			
4	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration ne penalty	i.) Biabdiny)
3319 Greenfield Rd 5.		6	5940 S Rainbow Blvd, Sie 400
(Street Address of Principal Office)		u.	(Mailing Address)
#353			PMB 58685
Dearborn, MI 48120			Las Vegas, NV 89118-2507
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> :	acceptable)
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation		33324 , Florida
	(Ciş ı		(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.

Ву:	C T Corporation System SEAN L EMERICK ASSISTANT SECRETARY	San Chaumas	
	(Registered agent's sig-	nature)	

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:	Title or Capacity	<u>:</u>	Name and Address:
⊡Manager	Name: Sajad Zalzala	□Manager	Name:	
■Member	Address: 3319 Greenfield Rd	□ Member	Address:	
□Authorized	#353	□ Authorized		
Person	Dearborn, MI 48120	Person		
□Other	Other	_Other		□Othei
□Manager	Name:	∐ Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
⊡Other		Cother		□Other
□Manager	Name:	Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
□Other		Other		Other

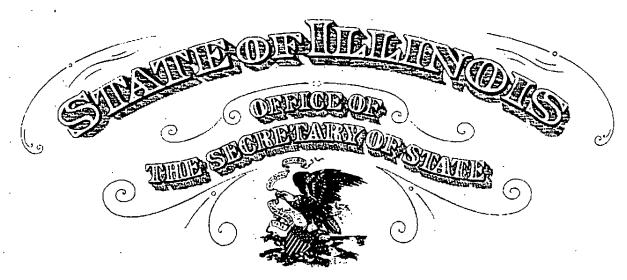
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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	
Sajad Zalzala		

File Number

1420157-2



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MEDISOLUTIONS IL, PLLC. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 19, 2024, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH day of MAY A.D. 2024 .

Authentication #: 2414103660 verifiable until 05/20/2025
Authenticate at https://www.ilsos.gov

SECRETARY OF STATE