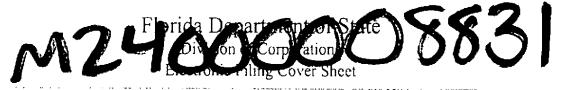
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To:

Division of Corporations

Fax Number : (850)617-6383

Enom:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400

Fax Number : (302)645-1280

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## Foreign Limited Liability Company List Health, LLC

\*Enter the email address for this business entity to be used for future

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K. Brumbley

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: , List Health, LLC

	name adopted for the purpose of transacting business in Fl	Kinda inc		addiny Company, "Entry, or "Li	1 1
Delaware		3.	35-2730172		
(Jurisdiction under the law of which foreign limited liability company is organized)			(I El numb	er, if applicable)	
	(Date first transacted business in Florida, if prior to (See sections 605-0904 & 605-0905, F.S. to determine	registration	liability)		
12741 Barrack Ln		6	12741 Barrack Ln		
reet Address of Principal Office)		υ. ,	(Mailing Address)		
Jacksonville, FL 32218			Jacksonville, FL 32218	2	
				24 JU	
Name and street address	ss of Florida registered agent: (P.O. Box	NOT a	oceptable)	-	FILEU
Name:	Registered Agents Inc.			PH 12: 33	
Office Address:	7901 4th Street N, Ste 300	·	<del></del>		
	St. Petersburg (Cay)		33702 , Florida		
	(City)		(Zip code)	<del></del>	

(((H24000235225 3)))

8.	For initial indexing purposes,	list names, title	or capacity and	addresses of the	e primary memi	bers/managers or p	cursons authorized	d to
ma	nage [up to six (6) total]:							

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Cassandra List	□Manager	Name:
■Member	Address:	□Member	Address:
□Authorized	Jacksonville, FL 32218	□Authorized	
Person		Person	
Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	□Other	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. 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 \$.817.155, F.S.

	(T)		
		Signature of an authorized person	
	Cassandra List		
//H24000235226	311)	Typed or printed name of signee	

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "LIST HEALTH, 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 ELEVENTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LIST HEALTH, LLC" WAS FORMED ON THE TWELFTH DAY OF OCTOBER, A.D. 2021.

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

Authentication: 203900315

Date: 07-11-24