

7/19/24, 11:21 AM

Division of Corporations

Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.
Account Number : I20080000045
Phone : (302)645-7400
Fax Number : (302)645-1280

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

Email Address: greg@radianthealthsolutions.com

Foreign Limited Liability Company
BioLumina LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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Corporate Filing Menu

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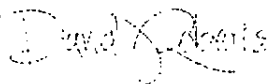
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.062, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA1. BioLumina LLC
(Name of Foreign Limited Liability Company must include "Limited Liability Company", "LLC", or "LLC")

(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company", "LLC", or "LLC")

2. Delaware 3. 99-3364219
(Chartered under the law of which foreign limited liability company is organized) (EIN number, if applicable)4. _____
(Date last transacted business in Florida, if prior to registration)
(See sections 605.061 & 605.062, F.S., to determine privity liability)5. 501 E. Las Olas Blvd, Suite 300 6. 501 E. Las Olas Blvd, Suite 300
(Street Address of Principal Office) (Mailing Address)Fort Lauderdale, FL 33301 Fort Lauderdale, FL 333017. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Registered Agents Inc.Office Address: 7901 4th Street N, Ste 300St. Petersburg 33702

(City) (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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APPROVED
AND
FILED
2024 JUN 19 PM 2:43
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

((H24000245244 3))

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>
☐ Manager	Name: <u>Iopaz Medical Ventures, LLC</u>	☐ Manager	Name: <u>FLMI-CCO, LLC</u>
☒ Member	Address: <u>20533 Biscayne Blvd, Suite 880</u>	☒ Member	Address: <u>18210 Brighton Green</u>
☐ Authorized	<u>Aventura, FL 33180</u>	☐ Authorized	<u>Dallas, TX 75252</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: <u>CSE Medical LLC</u>	☐ Manager	Name: <u>AKLEA Health Solutions, LLC</u>
☒ Member	Address: <u>159 Cheshire Way</u>	☒ Member	Address: <u>12112 Carlsbad Drive</u>
☐ Authorized	<u>Naples, FL 34110</u>	☐ Authorized	<u>Austin, TX 78738</u>
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☒ Manager	Name: <u>Gregory D. Nakagawa</u>	☐ Manager	Name: _____
☐ Member	Address: <u>333 Las Olas Way, Apt</u>	☐ Member	Address: _____
☐ Authorized	<u>Fort Lauderdale, FL 33301</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ 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

Gregory D. Nakagawa

Typed or printed name of signer

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BIOLUMINA 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 NINETEENTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BIOLUMINA LLC"
WAS FORMED ON THE FOURTH DAY OF JUNE, A.D. 2024.

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



3832432 8300

SR# 20243184777

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

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

Authentication: 203966135

Date: 07-19-24