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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

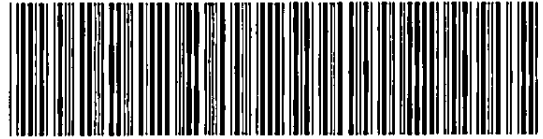
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MS



July 23, 2024

VIA FIRST CLASS U.S. POST

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Foreign LLC Application

Dear Sir or Madam:

By way of introduction, our Firm represents Bridge Global Health, LLC, a Georgia limited liability company ("Company"). Please find enclosed the following on behalf of Company:

1. An Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida ("Application");
2. A Certificate of Existence issued by the Georgia Secretary of State; and
3. Our Firm's Check in the amount of One Hundred Thirty and No/100th U.S. Dollars (\$130.00) for the fee associated with registering the Company.

Upon your receipt, please file the Application in the records of the Division of Corporations of the Florida Department of State.

Should you have any questions regarding my request, please do not hesitate to contact me directly at ashton@norris-legal.com. As always, I thank you for your attention to this matter.

Best regards,

A handwritten signature in black ink, appearing to read 'Ashton Bricker'.

Ashton L. Bricker,
Attorney-at-Law

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bridge Global Health, 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:

Ashton Bricker

Name of Person

Norris Legal Family Office

Firm/Company

1100 Peachtree Street, NE, Suite 690

Address

Atlanta, Georgia 30309

City/State and Zip Code

ashton@norris-legal.com

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

For further information concerning this matter, please call:

Ashton Bricker

404

855-3750

at (_____) _____

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. Bridge Global Health, 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. Georgia 3. 87-1210481
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1 Clay Place 6. 1 Clay Place
(Street Address of Principal Office) (Mailing Address)
Hapeville, Georgia 30354 Hapeville, Georgia 30354

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

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation 33324
(City) , Florida (Zip code)

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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.

C T Corporation System

Theresa Buck
(Registered agent's signature)

Theresa Buck, Assistant Secretary

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:**

☒ Manager Name: Jutsin Byczek

☐ Member Address: 1 Clay Place

☐ Authorized Hapeville, Georgia 30354

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: James Hollowed

☐ Member Address: 1 Clay Place

☐ Authorized Hapeville, Georgia 30354

Person

☐ Other ☐ Other

☐ Manager Name: Patrick R. Norris

☐ Member Address: 1100 Peachtree Street, NE

☒ Authorized Suite 690

Person Atlanta, Georgia 30309

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

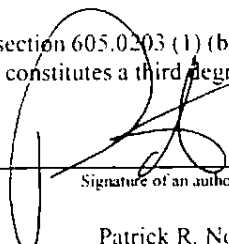
Person

☐ 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

Patrick R. Norris

Typed or printed name of signee

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Bridge Global Health, LLC
a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27775764
Date Inc/Auth/Filed: 06/11/2021
Jurisdiction : Georgia
Print Date : 07/22/2024
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State