8/20/24, 3:16 PM Division of Corporations

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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (813)436-5206

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

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Foreign Limited Liability Company Thrive Meds LLC

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K. SALY

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8/20/2024 12 18:24 PDT * To 18506176383 Page, 2/4 Fax: 8134365206

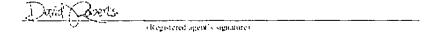
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (16,0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Thrive Group Corp LL (Name of Foreign	.C i Limited Liability Company; must include "Limite	a Liability (ompany, "M.I. C.," or "H.C.")				
Thrive Meds LLC							
(I) name unavailable, enter alternate	name adopted for the purpose of (musacting business in I	lorida. I ficial	temate name must include "Canifed Liabin	ty Company," "L.L.C," or "LL	")		
OE (furisdiction under the law of which foreign limited hability company is organized)		3.	3. 99-4387226				
			th El number, if applicable i				
J.							
**,	(Date first transacted business in Fluida, if prior to (See sections 608-0004), x (608-608), E.S. to determ	registration) inc penalty to	abilitys				
7901 4th St N STE 30	7901 4th St N STE 300		901 4th St N STE 300				
3). (Street Address of Principal Office)		6 _	(Marling Address)				
St. Petersburg, FL 337	St. Petersburg, FL 33702		St. Petersburg, FL 33702				
		_					
7. Name and street addre	iss of Florida registered agent: (P.O. Box	NOT ac	ceptable)	282			
				2024 AUG TÄLLÄTE	\neg		
Name:	Registered Agents Inc			6 20			
	7901 4th St N STE 300			ř-, ·	rn		
Office Address.	7301 401 3010 310 310	····					
	St. Petersburg		, Florida ³³⁷⁰²	M 4: 37			
	of gyr		(Zip ciste)	_			

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.



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 Capacit	t <u>v:</u>	Name and Address:
□Manager	Name: Applebaum, Jared	□.Manager	Name:	
⊠Member	Address:	[[Member	Address:	
□Authorized	7901 4th St N STE 300	[]Authorized		
Person	St. Petersburg FL 33702	Person		
□Other_	□Other	□Other	. <u>-</u> <u>-</u>	DOther
□Mnnager	Name: Murphy, Austin	[]Manager	Name:	
√ Member	Address:	□ Member	Address: _	7 2 7
□.Authorized	7901 4th St N STE 300	□ Authorized		至る
Person	St. Petersburg FL 33702	Person		
[]Other	□Other	□Other		_lOther
L]Manager	Name: Weiss, Steve	L.Manager	Name [*]	
⊻ Member	Address:	□Member	Address:	
□Authorized	7901 4th St N STE 300	□Authorized	 -	
Person	St. Petersburg FL 33702	Person		
□Other	Other	□Other		

Important Notice: Use an attachment to report more than six (b). 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.

Partie on Francis		
 ;	Signature of an authorized person	
Robin Jones		
-	Exped or printed none of signee	

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "THRIVE GROUP CORP 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 FIFTEENTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THRIVE GROUP CORP LLC" WAS FORMED ON THE EIGHTH DAY OF JULY, A.D. 2024.

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

FILED 20 BH 4: 3



Authentication: 204169929

Date: 08-15-24