Division of Corporations

# 8/23/24, 12:27 PM (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 \*\*Enter the email address for this business entity to be used for future and address. Enter only one email address.

 $\mathcal{Z}$  annual report mailings. Enter only one email address please \*\*\*: 'Email Address:

#### **Foreign Limited Liability Company** Eretz Medical, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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AUG 23 2024

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8/23/2024 09:29:17 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 605,0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Eretz Medical, LLC						
(Name of Foreign	Timited Liability Company; must include "Limited Lia	bility Company," "I. I. C.," or "LLC.")				
(II) name unavailable, enter alternate	name adopted for the purpose of transacting business in Florida	The alternate name must include "Lumted Lia	bitity Company [ "L.I. C." or "LI C.")			
2. WA Thirisdiction under the law of which foreign inmed liability company is organized)		3. <u>99-4540068</u>				
Thirtsdiction under the law of w	hich foreign turnied liability company is organized)	if it mushe	r. (Lapplicable)			
1	Date first transacted business in Florida, if prior to regist (See sections 60), 1994, 6-608, 1995, F.S. to determine pe	safren )				
	thee sections 605 0904 & 605 0905; ES to determine pe	nalty databley)				
7901 4th St N 5. Extreet Address of Principal Office)		6. (Mailing Address)				
(Street Address of Principal Office)		(Mailing Address)	202			
STE 300		STE 300	2024 AUS			
St. Petersburg, FL 3370	02	St. Petersburg, FL 33702	23			
7. Name and street addres	ss of Florida registered agent: (P.O. Box <u>NC</u>	<u>PT</u> acceptable)	ED MH 10: 02			
Name:	Registered Agents Inc		•			
Office Address.	7901 4th St N STE 300					
	St. Petersburg	Florida <u>33702</u>				
	(Cuy)	(Zip crste)				

#### 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 Capacity	<u>:</u>	Name and Address:
□Manager	Name: Eretz Capital LLC	□Manager	Name:	
iXMember	Address: 7901 4th St N STE 300	□Member	Address:	
□Authorized	St. Petersburg FL 33702	□Authorized		
Person		Person		· · · · · · · · · · · · · · · · · · ·
⊡Other	Other	□Other		□Other
⊟Manager	Name:	L]Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		[]Authorized		
Person		Person	4	
□Other		Other		□Other
∐Manager	Name:	L!Manager	Name:	
□Member	Address:	□Member	Address:	<u> </u>
□Authorized		□Authorized	<del></del>	
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 translation 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 8,817,155, F.S.

30 4 -	A.	
Robert	16-20-01/	
	Signature of an authorized person	
Robin Jones		
	Typed or printed mone of squice	



## Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

#### CERTIFICATE OF EXISTENCE

OF

#### ERETZ MEDICAL, LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 08/19/2024.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

1 FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 08/23/2024 UBI Number: 605 593 590

R Hohire

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Coven onder my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobby, Secretary of State

Date Issued 108/23/2024