## M24000011991

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## COVER LETTER

TO:

Registration Section

Division of Corporations	
SUBJECT: 346 medical Solutions	
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:	
Kelley Blake Name of Person	
Name of Person	
B+W medical Solutions	
Firm/Company	
1036 McCord Rd	
Address	
Dotron, AL 31801	
City/State and Zip Code	
Kelleyb C. Souther lux hearth. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Kelley Blake at (719) Lelo1-Le033  Name of Contact Person Area Code Daytime Telephone Number	
Name of Contact Person Area Code Daytime Telephone Number	
Mailing Address: Street Address:	
Registration Section Registration Section	
Division of Corporations  Division of Corporations  Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee	
Tallahassee, FL 32314 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  \$\Begin{array}{c c c c c c c c c c c c c c c c c c c	

## 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 HABILITY

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)

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: Title or Capacity: Name and Address: Name and Address: □Manager ШManager Name: □Member ☐ Member Address: \_\_\_\_\_\_ Authorized □ Authorized Person Person □Other\_\_\_\_ Other\_\_\_\_ □Other\_\_\_ □Other\_\_\_\_ □Manager □ Manager Name: \_\_\_\_\_ Name: \_\_\_\_\_ □Member Address: \_\_\_\_ \_\_\_\_\_ □Member Address: \_\_\_\_\_\_ □ Authorized □ Authorized Person Person Other\_\_\_\_ □Other Other\_\_\_\_ Other\_ □Manager Name: \_\_\_\_\_ □Manager Name:

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.

□Member

□ Authorized

Person

Other\_\_\_\_

Address:

□Other\_\_\_\_

Address:

□Other\_\_\_\_\_

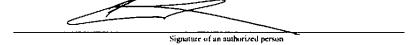
□Member

□ Authorized

Person

Other

- 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.



Wes Allen Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that B & W Medical Solutions LLC was formed in Alabama on October 6, 2021. The Alabama Entity Identification number for this entity is 000-946-735. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

09/04/2024

Date

Wes Allen

Secretary of State