

Florida Department of State  
 Division of Corporations  
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**H24000012172**

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H240003180713ABC

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To:

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

From:

Account Name : INCFILE.COM LLC  
 Account Number : I20220000070  
 Phone : (888)462-3453  
 Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

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DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

2024 SEP 20 PM 1:37

**Foreign Limited Liability Company**

**NOVOMD.COM LLC**

Certificate of Status	1
Certified Copy	0
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(((H24000318071 3)))

**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. NOVOMD.COM LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC,")

**2. Wyoming**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 99-4080476**

(EIN number, if applicable)

**4.**

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

**5. 1150 Nw 72nd Ave Tower 1**

(Street Address of Principal Office)

**6. 1150 Nw 72nd Ave Tower 1**

(Mailing Address)

Ste 455 #18016

Ste 455 #18016

Miami, FL 33126

Miami, FL 33126

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

Name:

**REPUBLIC REGISTERED AGENT LLC**

Office Address:

**1150 Nw 72nd Ave Tower 1 Ste 455**

**Miami** . Florida **33126**

(City)

(Zip code)

7/14/2020  
File # 11-37

**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.*

*Lovette Dobson*

(Registered agent's signature)

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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>
<input type="checkbox"/> Manager	Name: <u>SUMMIT CLOSERS LLC</u>	<input type="checkbox"/> Manager	Name: <u>Michael Neal</u>
<input checked="" type="checkbox"/> Member	Address: <u>5830 E 2nd St</u>	<input checked="" type="checkbox"/> Member	Address: <u>5830 E 2nd St</u>
<input type="checkbox"/> Authorized	<u>Ste 7000 #17493</u>	<input type="checkbox"/> Authorized	<u>Ste 7000 #17493</u>
Person	<u>Casper, WY 82609</u>	Person	<u>Casper, WY 82609</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Michael Neal

Signature of an authorized person

Michael Neal

Typed or printed name of signee

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**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**NOVOMD.COM LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **July 22, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001493494**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 18th day of September, 2024 at 10:52 AM. This certificate is assigned ID Number 076376128.



A handwritten signature of Chuck Gray in black ink, followed by a horizontal line.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website <https://wyobiz.wyo.gov> and following the instructions displayed under Validate Certificate.

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