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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

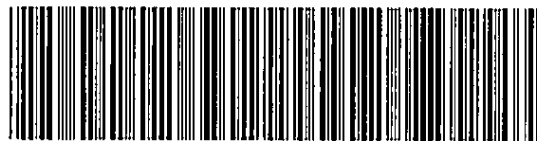
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SECRETARY OF STATE  
TALLAHASSEE, FL  
OCT 10 2024

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Prime Health Solutions 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:

Nicholas Speirs  
Name of Person

Prime Health Solutions  
Firm/Company

4362 Northlake Blvd  
Address

Suite 212, Palm Beach Gardens FL, 33410  
City/State and Zip Code

Nicholas @ Primehealth Hrt.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Speirs at ( 516 ) 477-1401  
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. Prime Health Solutions LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Prime Health Solutions ART 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. Wyoming  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 993-170-421  
(FEI number, if applicable)

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

5. 4362 North Lake Blvd  
(Street Address of Principal Office)

6. 6273 Pompano ST  
(Mailing Address)

Suite 212,

Jupiter, FL 33458

Palm Beach Gardens, FL 33410

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

Name: Nicholas Speirs

Office Address: 6273 Pompano St

Jupiter, FL ~~33458~~, Florida 33458  
(City) (Zip code)

FILED  
2024 OCT -23 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

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.

Nicholas Speirs  
(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:                      Name and Address:

☐ Manager                      Name: Nicholas Speirs

☒ Member                      Address: 6273 Pompano ST

☐ Authorized                      Jupiter, FL 33458

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager                      Name: Richard Walsh

☒ Member                      Address: 7664 160<sup>th</sup> lane

☐ Authorized                      N. Palm Beach Gardens, FL 33418

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

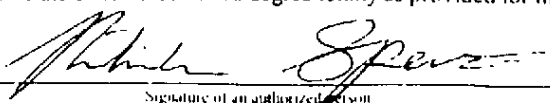
Person \_\_\_\_\_

☐ 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

Nicholas Speirs

Typed or printed name of signer

**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,

**PRIME HEALTH SOLUTIONS LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **May 15, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001458430**.

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 2nd day of October, 2024 at 11:18 AM. This certificate is assigned ID Number 076839636.



A handwritten signature in cursive script that reads 'Chuck Gray'.

Secretary of State