MAMMAR GS

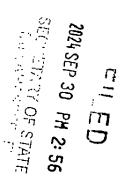
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800434828528

08/29/24--01007--016 ++150.00



+707 00 100

nie.



COVER LETTER

Ortho Express LLC		
ECT:Nan	ne of Limited Liability Company	
	Company for Authorization to Transact Business in Florida." referenced foreign limited liability company to transact business	
return all correspondence concerning this matter	to the following:	
Aaron J. Tabor, PhD, CTBS, CWCA		
	Name of Person	
Ortho Express LLC		
	Firm/Company	
7327 East Tierra Buena Lane		
	Address	
Scottsdale, AZ 85260		
	Tity/State and Zip Code	
atabor@orthoex.com		
E-mail address: (to b	e used for future annual report notification)	
rther information concerning this matter, please ca	all:	
Aaron Tabor	602 725-9505	
Name of Contact Person	at () Area Code Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
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 DEI □ \$125.00 Filing Fee □ \$130.00 Filing Fe Certificate of	ee & 🔲 \$155.00 Filing Fee & 🗏 \$160.00 Filing Fee. C	



September 5, 2024

AARON J TABOR, PHD, CTBA, CWCA 7327 E TIERRA BUENA LN SCOTTSDALE, AZ 85260

SUBJECT: ORTHO EXPRESS LLC Ref. Number: W24000124869

We have received your document for ORTHO EXPRESS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 724A00019925

Received 09/30/24

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(FEI number, (Capplicable) Tierra Buena Lane g Address)	
Tierra Buena Lane	
g Address)	
, AZ 85260	
5.155° 40 A	17
2: 56 STATE E'	J
33702 orida	
(/ip code)	
	orida 33702 Ove stated limited liability companient agree to act in this capacity. formance of my duties, and I am

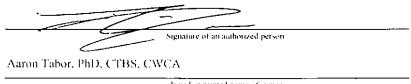


8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name:	□Manager	Name: Josh Sandberg
■Member	Address: 16000 N. 80th St. Suite E	■Member	Address: 16000 N, 80th St, Suite E
□Authorized	Scottsdale, AZ 85260	□Authorized	Scottsdale, AZ 85260
Person		Person	
□Other	Other	□Other	Other
□Manager	Name: Tony Passalacqua	□Manager	Name:
■Member	Address: 16000 N. 80th St. Suite E	□Member	Address:
□Authorized	Scottsdale, AZ 85260	□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	[]Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.







STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

ORTHO EXPRESS LLC

ACC file number: L21965140

was incorporated under the laws of the State of Arizona on 06/20/2017, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have hereunto set my hand, attived the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 09/17/2024

Douglas R. Clark, Executive Director

Angle R.Clark



