Note: Please print this page and use it as a cover sheet. Type the fax audit number (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 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future $rac{\omega}{x}$ annual report mailings. Enter only one email address please.

్రాహ్హ్ Email Address:

Foreign Limited Liability Company Elite Interventions LLC

| Certificate of Status | 0 |
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To: 18506176383

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

IN COMPLIANCE WITH SECTION (05:0902, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN. LIMITED ITABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Elite Interventions LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "E.L.C.," or "ELC.") off name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Etability Company," "L.E.C." or "ELC.") 2. Texas 99-2237234 (hirisdiction under the law of which foreign binded hability company is organized) (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904, e. 605,0905, F.S. to determine penalty liability). 5900 Balcones Drive STE 100 5900 Balcones Drive STE 100 (Stailing Address) (Street Address of Principal Office) Austin TX 78731 Austin TX 78731 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Northwest Registered Agent LLC Name: 7901 4th St N STE 300 Office Address: St. Petersburg , Florida (CRY) 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)

To: 18506176383

| Title or Capacity: | Name and Address: | Title or Capacity | <u>v:</u> | Name and Address: |
|--------------------|--------------------------------------|-------------------|--------------|-------------------|
| □Manager | Name: Briley, Kenneth | □Manager | Name: | |
| Delember | Address: 5900 Balcones Drive STE 100 | □Member | Address: | |
| | Austin TX 78731 | □Authorized | | |
| Person | | Person | | |
| □Other | Other | □Other | | □ Other |
| □Manager | Name: | □Manager | Name: | |
| □Member | Address: | □Member | Address: | |
| □ Authorized | | □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. 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 translatior 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.

| 1. 对性性性变换的 | *** | | |
|-----------------------------------|---------------------------------|--|--|
| Signature of an authorized person | | | |
| Nat Smith | | | |
| | Expediar printed pame of surper | | |

Corporations Section

Austin, Texas 78711-3697

P.O.Box 13697

Jane Nelson Secretary of State



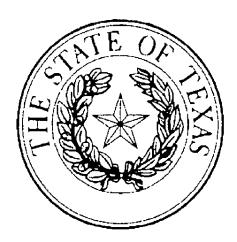
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Elite Interventions LLC (file number 805479924), a Domestic Limited Liability Company (LLC), was filed in this office on March 26, 2024.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 14, 2024.



gave Melson

Jane Nelson Secretary of State