M25000001245

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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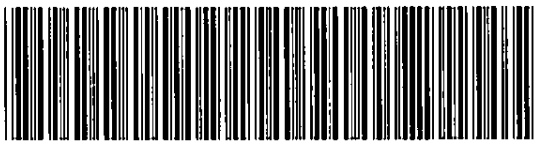

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SHATZ, SCHWARTZ AND FENTIN

January 2, 2025

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Formation of Vitalix Kissimmee, LLC

Dear Sir/Madam,

Enclosed for formation, please find the following documents as they relate to Vitalix Kissimee, LLC:

1) Cover Letter;
2) Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
3) Certificate of Legal Existence issued by the Commonwealth of Massachusetts Secretary of the Commonwealth; and
4) Shatz, Schwartz and Fentin, P.C. check in the amount of $ 160.00 representing the filing fee associated with the entity formation of Vitalix Kisimmee, LLC.

Kindly issue the Letter of Acknowledgement and return it to me in the self-addressed stamped envelope provided for your convenience.

Please let me know if you have any questions.

Thank you kindly,

Laura K. Mulhern

Laura K. Mulhern
Paralegal

Enclosures
cc: Brett S. Smith, Esq.
Michael A. Fenton, Esq.

24\0370\Vitalix Corporate Engagement\Vitalix Kissimmee, LLC\25.01.02 - ltkm to FL SOC enc entity docs

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vitalix Kissimmee, 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:

Brett S. Smith, Esq.
Name of Person

Shatz, Schwartz and Fentin, P.C.
Firm/Company

1441 Main Street, Suite 1100
Address

Springfield, Massachusetts 01103
City/State and Zip Code

bsmith@ssfpc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brett S. Smith, Esq. at (413) 737-1131
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. Vitalix Kissimmee, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

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

3. _____
(FEI 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. 554 Main Street
(Street Address of Principal Office)
Worcester
Massachusetts 01608

6. 554 Main Street
(Mailing Address)
Worcester
Massachusetts 01608

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

Name: Jose Fernandez

Office Address: 5058 Brightmour Circle

Orlando, Florida 32837
(City) (Zip code)

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.

Jose Fernandez
(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:	Title or Capacity:	Name and Address:
■Manager	Name: Vitalix Clinical, Inc.	☐Manager	Name:
■Member	Address: 554 Main Street	☐Member	Address:
☐Authorized	Worcester	☐Authorized	
Person	Massachusetts 01608	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 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

Matthew Sheehan Collins, Authorized Agent

Typed or printed name of signee

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

December 23, 2024

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of Limited Liability Company was filed in this office by

VITALIX KISSIMMEE, LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on **November 22, 2024**.

I further certify that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that, so far as appears of record, said Limited Liability Company has legal existence.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

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