

M2S 000001354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

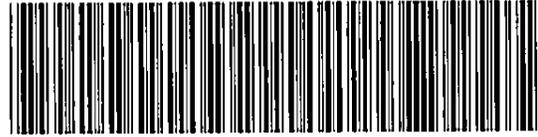
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800442185298

01/14/25--01012--011 **361

RECEIVED

JAN 13 2025

SECRETARY OF STATE
TALLAHASSEE, FL

2025 JAN 13 PM 5:28

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALPENROSE ANESTHESIA 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:

ERIC FOSTER
Name of Person

DIMARCO & ASSOCIATES CPAS PA
Firm/Company

220 PINE AVE N SUITE A
Address

OLDSMAR, FL 34677
City/State and Zip Code

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

For further information concerning this matter, please call:

FRED DO PICO at (727) 787-5290
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. ALPENROSE ANESTHESIA 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. COLORADO
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-5527034
(FEI number, if applicable)

4. 1/1/2025
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2036 VERMONT ROAD
(Street Address of Principal Office)
VAIL, COLORADO 81657
6. 2036 VERMONT ROAD
(Mailing Address)
VAIL, COLORADO 81657

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

Name: DIMARCO & ASSOCIATES CPAS PA
Office Address: 220 PINE AVE N SUITE A
OLDSMAR, Florida 34677
(City) (Zip code)

FILED
2025 JAN 13 PM 5:28
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.

[Handwritten signature]

(Registered agent's signature)

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Alpenrose Anesthesia, LLC

is a

Limited Liability Company

formed or registered on 05/09/2018 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20181383071 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/06/2025 that have been posted, and by documents delivered to this office electronically through 01/07/2025 @ 12:16:41 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/07/2025 @ 12:16:41 in accordance with applicable law. This certificate is assigned Confirmation Number 16872459 .



A handwritten signature in cursive script that reads 'Jena Griswold'.

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."