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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

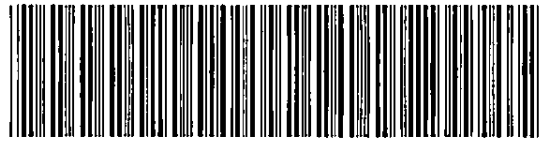
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2025 JUL 25 PM 12:31

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Applied Inovative Care, 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:

Daniel Knell

Name of Person

Applied Inovative Care, LLC

Firm/Company

211 Wayne Ave

Address

Indialantic, Florida, 32903

City/State and Zip Code

daniel.knell@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Knell

863

944-8712

at (_____)

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. Applied Inovative Care, 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. Delaware 3. 33-3271757
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 06/10/2025
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>211 Wayne Ave</u> (Street Address of Principal Office)	6. <u>211 Wayne Ave</u> (Mailing Address)
<u>Indialantic, Florida</u>	<u>Indialantic, Florida</u>
<u>32903</u>	<u>32903</u>

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

Name: Daniel Knell

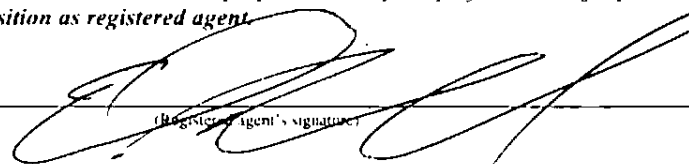
Office Address: 211 Wayne Ave

Indialantic, Florida 32903
(City) (Zip code)

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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)

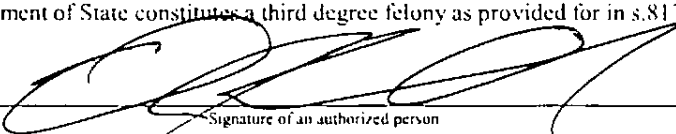
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
☒ Manager	Name:	Daniel Knell, CEO		☒ Manager	Name:	Michael Callum, CMO	
☐ Member	Address:	211 Wayne Ave		☐ Member	Address:	16841 Rose Apple Dr	
☒ Authorized		Indialantic, Florida, 32903		☒ Authorized		Delray Beach, Florida, 33445	
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 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.817.153, F.S.



 Signature of an authorized person

Daniel Knell

 Typed or printed name of signee

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "APPLIED INNOVATIVE CARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JULY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "APPLIED INNOVATIVE CARE, LLC" WAS FORMED ON THE NINTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



10061304 8300

SR# 20253445214

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, reading "C. P. Sanchez".

Charuni Potibanda-Sanchez, Secretary of State

Authentication: 204273608

Date: 07-23-25

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE
STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND
CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "INNOVATIVE
PRIMARY CARE LLC", CHANGING ITS NAME FROM "INNOVATIVE PRIMARY
CARE LLC" TO "APPLIED INNOVATIVE CARE, LLC", FILED IN THIS
OFFICE ON THE TWENTY-SECOND DAY OF JULY, A.D. 2025, AT 2:01
O'CLOCK P.M.



C. P. Sanchez

Charuni Patibanda-Sanchez, Secretary of State

10061304 8100
SR# 20253433703

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204265035
Date: 07-22-25

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:01 PM 07/22/2025
FILED 02:01 PM 07/22/2025
SR 20253433703 - File Number 10061304

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT
OF CERTIFICATE OF FORMATION

The undersigned authorized person, desiring to amend the limited liability company formation pursuant to Section 18-202 of the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is Innovative Primary Care LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Limited Liability Company is amended to: Applied Innovative Care, LLC

By: Benjamin Wolkov
Authorized Person

Name: Benjamin Wolkov
Print or Type