Division of Corporations

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(((H25000275190 3)))



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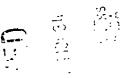
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Foreign Limited Liability Company AMIKAL HEALTHCARE LLC

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K. SALY

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COVER LETTER (((H25000275190 3))) TO: Registration Section Division of Corporations AMIKAL HEALTHCARE LLC SUBJECT: ____ 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: LOVETTE DOBSON Name of Person Firm/Company 17350 STATE HWY 249 STE 220 Address HOUSTON, TX 77064 City/State and Zip Code EFILE1234@INCFILE.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call; at (1) 8884623453 | Daytime Telephone Number LOVETTE DOBSON Name of Contact Person Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy Certificate of Status Certified Copy

(((H25000275190 3)))

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

IN COMPLIANCE WITH SECTION (05,002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TOTRANS ACTERIAINESS ANTHE STATE OF FLORIDA:

(Name of Foreign	ARE LLC Limited Liability Company; must include "Limited I	Jiability Company," "L.I. C.," or "LLC.")	
(II name mavailable, enter ulternate)	name adopted for the purpose of transacting business in Flori	da. The alternate name must include "Lonated Liabih	ns Company," "L. I. C." or "LLC")
_{2.} Arizona		₁ 92-0957574	
	high foreign limited liability company is organized)	(FEI number,)	t'applicable)
4.	(Date first transacted business in Florida, (Pprior to re) (See sections 605/0901 & 605,0905, F.S. to determine	gistration.) penalty liability)	
5. 2125 Biscayne B	lvd, Ste 204 #22187	6 2125 Biscayne Blvd, St	e 204 #22187
Miami, FL 33137	·	Miami, FL 33137	
7. Name and street addres	s of Florida registered agent: (P.O. Box.)	<u>SOT</u> acceptable)	FILLAHA
Name:	REPUBLIC REGISTERED AG	ENT LLC	PILE PH 3: 53
Office Address:	476 Riverside Ave Ste 4		3: 5: Lossie
	Jacksonville (City)	. Florida 32202	_
designated in this applica to comply with the provisi	·	ocess for the above stated limited lial registered agent and agree to act in t nd complete performance of my duti	his capacity. I further agree

(((H25000275190 3)))

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Fitle or Capacity:	Name and Address:	Title or Capacit	<u>tv:</u>	Name and Address:
_ Manager	Name: Guylene Lucien	☐ Manager	Name:	
⊠Member	Address: 3101 N. CENTRAL AVE	Member	Address: _	
Authorized	STE 183 #2587	□Authorized		
Person	PHOENIX, AZ 85012	Person		
iOther	Other	□Other	**** ·- · · · · · · · · · · · · · · · ·	□Other
EManager	Name:	□Manager	Name:	F 57 28
]Member	Address;	□Member	Address: _	EL ALG
]Authorized		□Authorized		7555
Person		Person .	·	F 4.
∃Other	.:30ther	□Öther	, 	CiOther S
	Name:	□Manager	Name:	
Member	Address:	□Member	Address: _	
Authorized		□Authorized		
Person		Person		
		□ Other		□Other

10.	This document	is executed	in accordance	with section 60)5.0203 (T) (b).	. Florida Statutes.	I am aware that	any false inforr	nation
subi	nitted in a docu	ment to the	Department of	State constitut	es a third degre	e felony as provid	ded for in s,817.	155. F. S .	

	Gudene Lucien	
	Signature or an authorized person	(((H25000275190 3)))
	Guylene Lucien	
•	Expert or printed name of signer	

25080612306955

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STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

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

AMIKAL HEALTHCARE ELC

ACC file number: 23445267

was incorporated under the laws of the State of Arizona on 11/07/2022, 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. These becennto set my hand, affixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 08/06/2025

Douglas R. Clark, Executive Director

Angle A.Clark



