

Florida Department of State

M2500013796  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LEGALZOOM.COM INC.  
Account Number : I20010000062  
Phone : (323)962-8600  
Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

Foreign Limited Liability Company  
USA SLEEP DIAGNOSTIC MOBILE SERVICE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

2025 SEP 30 PM 2:00

2025 SEP 30 AM 9:57

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

BA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: USA SLEEP DIAGNOSTIC MOBILE SERVICE, 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:

Erik Treutlein

\_\_\_\_\_  
Name of Person

Legalzoom.com, Inc.

\_\_\_\_\_  
Firm/Company

11501 Domain Dr. STE 200

\_\_\_\_\_  
Address

Austin, TX 78758

\_\_\_\_\_  
City/State and Zip Code

ahoward@topqualityone.com

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

For further information concerning this matter, please call:

Erik Treutlein

800

323-962-8600

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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. USA SLEEP DIAGNOSTIC MOBILE SERVICE, 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. Maryland 45-3529497
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 545 Brent Ln 545 Brent Ln
(Street Address of Principal Office) (Mailing Address)
Pensacola FL 32503 Pensacola FL 32503

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

Name: Bryan Wilson
Office Address: 545 Brent Ln
Pensacola, Florida 32503
(City) (Zip code)

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FILED

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.

/s/ Bryan Wilson
(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:**

Manager      Name: Bryan Wilson

Member      Address: 545 Brent Ln

Authorized      Pensacola FL 32503

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: \_\_\_\_\_

Member      Address: \_\_\_\_\_

Authorized      \_\_\_\_\_

Person \_\_\_\_\_

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.

/S/ Bryan Wilson

Signature of an authorized person

Bryan Wilson

Typed or printed name of signer

**STATE OF MARYLAND**  
**Department of Assessments and Taxation**

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I, BOB YEAGER OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO LIMITED LIABILITY COMPANIES, OR THE RIGHTS OF LIMITED LIABILITY COMPANIES, TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT USA SLEEP DIAGNOSTIC MOBILE SERVICE, LLC (W15877244), REGISTERED MAY 20, 2014, IS A LIMITED LIABILITY COMPANY EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF MARYLAND, AND THAT THE LIMITED LIABILITY COMPANY IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING TO TRANSACT BUSINESS

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS SEPTEMBER 30, 2025.



Bob Yeager  
Director



*700 East Pratt Street, 2nd Flr, Ste 2700, Baltimore, Maryland 21202*  
*Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941*  
*MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice*

Online Certificate Authentication Code: ttGY-nOQs0civnPIMoMPGC  
To verify the Authentication Code, visit: <http://dat.maryland.gov/verify>