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State of Rhode Island and Providence Plantations Department of State - Business Services	Division	2019 APR	
Application for Registration			
FOREIGN Limited Liability Company			
$\rightarrow$ Filing Fee: \$150.00			
Pursuant to the provisions of RIGL <u>7-16-49</u> , the undersigned f applies for a Certificate of Registration to transact business in purpose submits the following statement:	oreign limited liability company he the State of Rhode Island, and fo	reby — <i< td=""></i<>	
1. The name of the limited liability company is:			
OPTIMA HEALTHCARE SOLUTIONS	S, LLC		
Is this company organized in its state or country of formation	as a low-profit limited liability com	npany? Yes No 🔽	
The name, if different, under which it proposes to register and	d transact business in Rhode Islar	nd is:	
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2. The LLC is organized under the laws of: FLORIDA		· · · · · · · · · · · · · · · · · · ·	
3. The date of its organization is: 8/20/1992			
And the period of its duration is: CHECK ONE BOX ONLY			
Perpetual (on-going)			
Date certain for dissolution		_	
4. The name and address of the resident agent/office in Rhode Island is:			
Agent Name CT CORPORATION SYSTEM			
Street Address (NOT a P.O. Box) 450 VETERANS MEMORIAL PARKWAY, SUITE 7A			
City/Town EAST PROVIDENCE	State RHODE ISLAND	Zip Code 02914	
5. The purpose or purposes which it proposes to pursue in th SAAS SOFTWARE	e transaction of business in Rhod	e Island are:	
	Check the box to	o indicate an attachment	
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040	FILED APR 1 5 2019	<b>`</b> •	
Nebsite: www.sos.ri.gov	KL JRS	PM	
	11.18	FORM 450 - Revised: 01/2019	

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6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.			
7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:			
4229 SW HIGH MEADOWS AVENUE, PALM CITY, FL 34990			
8. The mailing address for the limited liability company is: 4229 SW HIGH MEADOWS AVENUE, PALM CITY, FL 34990			
9. Management of the Limited Liability Company:			
The Limited Liability Company is to be managed by: CHECK ONLY ONE BOX			
By its members (If you have checked this box, go to Section 9. ( <b>DO NOT</b> fill out the chart below.)			
By one (1) or more managers (List managers below)			
MANAGER	ADDRESS		
JOSHUA PICKUS	4229 SW HIGH MEADOWS AVENUE, PALM CITY, FL 34490		
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.			
11. Date when this application for Certificate of Registration will be effective: CHECK ONE BOX ONLY			
Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.			
Type or Print Name of LLC		Date	
OPTIMA HEALTHCARE SOLUTIONS, LLC		4/5/19	
Signature of Authorized Person			

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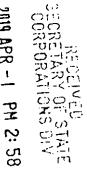
## State of Florida Department of State

I certify from the records of this office that OPTIMA HEALTHCARE SOLUTIONS, LLC is a limited liability company organized under the laws of the State of Florida, filed on June 17, 2015, effective August 20, 1992.

The document number of this limited liability company is L15000105383.

I further certify that said limited liability company has paid all fees due this office through December 31, 2019, that its most recent annual report was filed on January 16, 2019, and that its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-first day of March, 2019



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Tracking Number: 9387690706CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication



State of Rhode Island and Providence Plantations **Department of State** | **Office of the Secretary of State Nellie M. Gorbea**, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island

and Providence Plantations, hereby certify that this document, duly executed in

accordance with the provisions of Title 7 of the General Laws of Rhode Island, as

amended, has been filed in this office on this day:

April 15, 2019 11:18 AM

Tulli U. Kole

Nellie M. Gorbea Secretary of State

