F24000003451

(Requestor's Name)		
(Address)		
(Ad	ddress)	
(Ci	ty/State/Zip/Phone #	¥)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name	<u>:</u>)
(Do	ocument Number)	
Certified Copies		of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JUN 2 7 2024 K. Brumbley



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202 1882

Date:	06/25/2024	(850) 202-1882
	Cheyanne Davis	·
Reference	2412583	-
Entity Nar	ne: RIPPL CARE PC C	F WASHINGTON, INC.
⊘ Art	icles of Incorporation/Authorization	to Transact Business
☐ Am	nendment	
☐ Ch	ange of Agent	
☐ Re	instatement	
Co	nversion	
□ Ме	rger	
☐ Dis	solution/Withdrawal	
☐ Fic	titious Name	
Oth	ner	
Authorize	d Amount: \$70.00	
Signature	Cruyun Fran	

COVER LETTER

TO:	Division of Corporations			
SUBJ	ECT:	Rippl Care PC of Washington, In	ıc.	
		Name of c	orporation	- must include suffix
Dear S	ir or M	adam:		
"Certif	icate of		Good Stan	Authorization to Transact Business in Florida," ding" and check are submitted to register the ss in Florida.
Please	return a	all correspondence concerning	this matter	to the following:
Patrick	Davoo	3i		
			Name of I	Person
Hooper	, Lundy	& Bookman, P.C.		
			Firm/Com	pany
1875 C	entury I	Park East, Suite 1600		
			Addre	ss
Los An	geles. C	`A 90067		
		C	ity/State ar	nd Zip code
jvanrek	en@rip	plcare.com		
		E-mail address: (t	o be used f	or future annual report notification)
For fur	ther inf	ormation concerning this matte	er, please c	all:
Patrick	Davooc	li at e	, 310	551-8191
	Name	e of Person	Area Code) 551-8191 Daytime Telephone Number
	Regist Divisi The C	CET/COURIER ADDRESS: tration Section on of Corporations tentre of Tallahassee N. Monroe Street, Suite 810 passee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
	nake ch	check for the following amount eck payable to: FLORIDA DEPA ng Fee	ARTMENT ee & □	OF STATE \$78.75 Filing Fee &

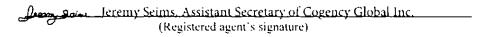
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Rippl Care PC of Washington, Inc.				
	orporation: must include "INCORPORATED," orp," "Inc," "Co," or "Corp,")	"COMPANY." "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting b	usiness in Florida)	
2. Washington	3			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applie	cable)	
4. 11/09/2022	of incorporation) 5			
(Date	of incorporation)	(Date of duration, if other than	perpetual)	
6				
	(Date first transacted business in E (SEE SECTIONS 607.1501 & 607.150			
2825 Eastlake Av	renue E. Suite 230, Seattle, WA 98102	· · · · · · · · · · · · · · · · · · ·		
7	(Principal office	street address)		
				
	(Current mailing	address, if different)	2ί	
0.31	. II . ET II	D. NOT I I S	ŰZ4.	
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Cogency Global Inc.	<u> </u>	C ·	
Office Address:	115 North Calhoun Street, Suite 4		: :	
	Tallahassee	. Florida ³²³⁰¹	<u> </u>	
	(City)	: Florida (Zip code)	<u>, , , , , , , , , , , , , , , , , , , </u>	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

DocuSign Envelope ID: 39B4741A-3332-422E-A242-956B88943C64

A. DIRECTORS

` □Chairman	Name: William A. Błackwell, M.D.	□Chairman	Name: Jesse Schlueter
□Vice Chairman	Address: 2825 Eastlake Avenue E. Suite 23	□Vice Chairman	Address: 2825 Eastlake Avenue E. Suite 23
■ Director	Seattle, WA 02108	□Director	Seattle, WA 02108
■ President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	■ Secretary	□Treasurer
□Other	Other	□(tther	□Other
□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Name: 2825 Eastlake Avenue E, Suite Address: Seattle, WA 02108 ■Treasurer	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President ☐Secretary	Name:
□Other		□Other	Other
□Director □President	Name:Address:	☐Chairman ☐Vice Chairman ☐Director ☐President ☐Vice President	Name:Address:
☐ Secretary	☐ Treasurer	□Secretary	□Treasurer
□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. 12.			

William A. Blackwell, M.D., President



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

RIPPL CARE PC OF WASHINGTON, INC.

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 11/09/2022.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

> Issued Date: 06/24/2024 UBI Number: 604 998 025

to R Hobbie

Given under my hand and the Seal of the State. of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 06/24/2024