F25000000357

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500442602275

25 JAN 16 AM 8: 49

NEOEN/SD



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

===============================	ACCOUNT	NO.	:	120000000195
---------------------------------	---------	-----	---	--------------

REFERENCE: 759847

AUTHORIZATION :

COST LIMIT : \$ 70.0

ORDER DATE: November 12, 2024

ORDER TIME : 10:23 AM

ORDER NO. : 759847-035

CUSTOMER NO: 8448574

FOREIGN FILINGS

NAME: LNHC, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER: _____

COVER LETTER

	stration Section				
SUBJECT:	LNHC, Inc.				
ocader.		Name of corporation	on - must	include suffix	
Dear Sir or M	ladam:				
"Certificate o	f Existence," o	by Foreign Corporation for "Certificate of Good Starporation to transact busing	anding" s	ınd check are sub	
Please return	all correspond	ence concerning this matt	er to the	following:	
John M. Gay					
<u> </u>		Name o	f Person		
LNHC, Inc.					
		Firm/Co	mpany		_
4020 Stirrup C	Creek Drive, Sui	te 110			
-		Ade	iress	-	-
Durham, NC 2	27703				
		City/State	and Zip	code	
regulatory@pe	elthos.com				
	1	-mail address: (to be use	for futu	re annual report r	notification)
For further in	formation con	cerning this matter, please	e call:		
John M. Gay	hn M. Gay at (919 Name of Person Area Co		908-2422		
Nam	e of Person	Area Co	ode	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
		following amount:	UT OF ET	ና ል ጥ ድ	
\$70.00 Fil		FLORIDA DEPARTME \$78.75 Filing Fee & Certificate of Status	□ \$78.3	75 Filing Fee & ified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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.

3. the law of which it is incorporated)	93-3359646 (FEI number, if applicable) (Date of duration, if other than perpetual)	
the law of which it is incorporated)	(FEI number, if applicable)	
poration) 5.		
poration)	/D . 01 .1 10 .1 .1	
	(Date of duration, if other than perpetual)	
(Date first transacted business i	in Florida, if prior to registration)	
(BEE BEETIONS OUT. 1501 & OUT.)	302, F.S., to determine penalty liability)	
	C	
(rincipal on	ice <u>street</u> address)	
(Current mailir	ng address if different)	ږي
(25	55 S
s of Florida registered agent: (P.0	O. Box NOT acceptable)	
`	-	D 22
		ئے۔ این ب حد
		工
assec	Florida 32301	H 6: 49
(City)	(Zip code)	ج وس
	Suite 110, Durham, NC 27703 (Principal off (Current mailings of Florida registered agent: (P.Coration Service Company Hays Street (City) ceptance:	(Current mailing address, if different) SS of Florida registered agent: (P.O. Box NOT acceptable) Pration Service Company Hays Street (City) (City) (Zip code)

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS					
□ Chairman	Name: Octavio Espinoza	☐ Chairman	Name:		
□Vice Chairman	Address: 3911 Sorrento Valley Blvd	□Vice Chairman	Address: 3911 Sorrento Valley Blvd		
□Director	San Diego, CA 92121	□Director	San Diego, CA 92121		
□President		□President			
□Vice President	 	□Vice President			
☐ Secretary	Treasurer	Secretary	□Treasurer		
Other	Other	□Other	Other		
□ Chairman	Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	☐Treasurer	☐ Secretary	☐ Treasurer		
Other	Other	□Other	Other		
□ Chairman	Name:	☐ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		Director			
□President		□President			
□Vice President	<u> </u>	□Vice President			
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 Elorida Department of State Annual Report form. 12. Signature of Director or Officer					
·					
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.					
13. Andrew Reardon, Secretary					

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LNHC, INC." IS DULY INCORPORATED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE EIGHTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LNHC, INC." WAS INCORPORATED ON THE EIGHTH DAY OF SEPTEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 202641111

Date: 01-08-25

7664025 8300 SR# 20250057312