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Secretary of State

Application to Register a Foreign Limited Liability Company (LLC)

LLC-5

Must be submitted with a current Certificate of Good Standing issued by the government agency where the LLC was formed.

Filing Fee - \$70.00

Certified Copy Fee (Optional) - \$5.00

Note: Registered LLCs in California may have to pay minimum \$800 tax to the

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-FILED-

File No.: 202465016585 Date Filed: 12/20/2024

California Franchise Tax Board each year. For more information, go the https://www.ftb.ca.gov/.	to	This Space For Office Use Only			
1a. LLC Name (Enter the exact name of the LLC as listed on your attached	d Certificate of Go		555 C		
1st Pain Specialists LLC				•	
1b. California Alternate Name, If Required (Only enter an alterna	te name if the LLC	name in 1a not available in C	alifornia.)	i	
2. LLC Jurisdiction (Ensure that the jurisdiction matches the attached	Certificate of Good	Standing.)			
a. Jurisdiction (State, foreign country or place where this LLC is formed.)					
Wyor	ning				
b. Authority Statement (Do not alter Authority Statement)					
This LLC currently has powers and privileges to conduct busin	ess in the state	, foreign country or plac	e entere	ed in Ite	m 2a.
3. Business Addresses (Enter the complete business addresses. Ite	ms 3a and 3b can	not be a P.O. Box or "in care o	of" an indi	vidual or	entity.)
a. Street Address of Principal Office - Do not enter a P.O. Box	City (no abbreviations)		State	Zip Code	
30 N Gould St., Ste. 25236	Sheridan		WY	82801	
b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box City (no abbrev		viations) State		Zip Code	
			CA		
c. If the Mailing Address is the same as item 3a or 3b, check the applicable box:	∨ 3a				
d. Mailing Address - if different than item 3a or 3b	City (no abbrevia	tions)	State	Zip Cod	е
	<u> </u>			<u> </u>	
4. Service of Process (Must provide either Individual OR Corporation.	.)				
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's full	· · · · · · · · · · · · · · · · · · ·				
a. California Agent's First Name (if agent is not a corporation)	Middle Name Last Name		S		Suffix
Control of the contro	City (no obligation	H>	Ctata	Zin Coa	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbrevia	uons)	State CA	Zip Code	
CORRESPONDE TO A Company of the comp	engistered agent C			<u> </u>	
CORPORATION - Complete Item 4c only. Only include the name of the					
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do no	ot complete item 4a	or 40			
Platinum Registered Agents Inc.					
5. Read and Sign Below (Title not required.)	L (- (- 4				-!
By signing, I affirm under penalty of perjury that the information on behalf of the foreign LLC.	nerein is true i	and correct and that I an	n authoi	rized to	sign
	Dave F	rancolini			
Signature	Type and Print Name				

LLC-5 (REV 11/2023)





STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

1st Pain Specialists LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on March 2, 2022, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2022-001087070.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 18th day of December, 2024 at 8:38 AM. This certificate is assigned ID Number 079137933.



Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.