

**Secretary of State****LLC-5****Application to Register a Foreign Limited Liability Company (LLC)**

For Office Use Only

**-FILED-**

File No.: 202565816344

Date Filed: 2/11/2025

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 California Franchise Tax Board each year. For more information, go to <https://www.ftb.ca.gov/>.

**This Space For Office Use Only****1a. LLC Name** (Enter the exact name of the LLC as listed on your attached Certificate of Good Standing.)

Spectrum Medical Evaluators, LLC

**1b. California Alternate Name, If Required** (Only enter an alternate name if the LLC name in 1a not available in California.)**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.)

Delaware

**b. Authority Statement** (Do not alter Authority Statement)

This LLC currently has powers and privileges to conduct business in the state, foreign country or place entered in Item 2a.

**3. Business Addresses** (Enter the complete business addresses. Items 3a and 3b cannot be a P.O. Box or "in care of" an individual or entity.)

<b>a. Street Address of Principal Office - Do not enter a P.O. Box</b> 19492 Sierra Canon Road	<b>City (no abbreviations)</b> Irvine	<b>State</b> CA	<b>Zip Code</b> 92603
<b>b. Street Address of Principal Office in California, if any - Do not enter a P.O. Box</b> 19492 Sierra Canon Road	<b>City (no abbreviations)</b> Irvine	<b>State</b> CA	<b>Zip Code</b> 92603
<b>c. If the Mailing Address is the same as Item 3a or 3b, check the applicable box:</b> <input checked="" type="checkbox"/> 3a <input type="checkbox"/> 3b			
<b>d. Mailing Address - if different than Item 3a or 3b</b>	<b>City (no abbreviations)</b>	<b>State</b>	<b>Zip Code</b>

**4. Service of Process** (Must provide either Individual OR Corporation.)**INDIVIDUAL** - Complete Items 4a and 4b only. Must include agent's full name and California street address.

<b>a. California Agent's First Name</b> (if agent is not a corporation)	<b>Middle Name</b>	<b>Last Name</b>	<b>Suffix</b>
<b>b. Street Address</b> (if agent is not a corporation) - Do not enter a P.O. Box	<b>City (no abbreviations)</b>	<b>State</b> CA	<b>Zip Code</b>

**CORPORATION** - Complete Item 4c only. Only include the name of the registered agent Corporation.**c. California Registered Corporate Agent's Name** (if agent is a corporation) - Do not complete Item 4a or 4b

Registered Agent Solutions, Inc.

**5. Read and Sign Below** (Title not required.)

By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized to sign on behalf of the foreign LLC.

Signature

Amir Ali Omid

Type and Print Name

# Delaware

The First State

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I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPECTRUM MEDICAL EVALUATORS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF FEBRUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPECTRUM MEDICAL EVALUATORS, LLC" WAS FORMED ON THE SEVENTH DAY OF OCTOBER, A.D. 2022.

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



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SR# 20250469679

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, reading "C. P. Sanchez", is written over a horizontal line.

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 202901378

Date: 02-10-25

B3396-5429 02/11/2025 5:00 PM Received by California Secretary of State