



# FOREIGN REGISTRATION STATEMENT

-FILED-

Title 30, Chapter 21, Idaho Code

Rase Filing fee: \$100.00 + \$20.00 for manual processing (form must be type Date Filed: 10/14/2020 3:17:00 DM

File #: 0004034833

For Office Use Only

The name which it shall use in Idal	ho is: 1ST A	MERICA INFUS	SION SERVICES, LLC
Select the type of entity you wish to	o rogistor:	(Enter a name here	e, only if you are required to adopt an alternate name)
	_	ual Dawlmanahim	
☐ Business Corporation		eral Partnership	posintion
☐ Nonprofit Corporation ☐ Limited Liability Partnership		eral Cooperative As	ssociation cluding a limited liability limited partnership
Limited Liability Company			ss Trust, or Common-law Business Trust
Other:		itory Trust, Dusines	s Trust, or Common-law Dusiness Trust
	(Use "Other	" only it your foreign en	tity type is not listed above, and enter the type here.)
Jurisdiction of formation: Georgia		7 77	
The address of its principal office is		e the domestic pulsificit	ion where the entity was himself)
212 Northside Drive, Valdosta, G			
(Street Address)	JA, 0 100Z		
18451 Dallas Pkwy, Suite 150, D	Dallas, TX, 75	287	
Mailing Address if different.	April 15		
The address of its domestic princip	pal office (if re	quired by the laws	of the jurisdiction of formation) is:
212 Northside Drive; Valdosta, G			,
(Street Address)			
odathog deliciss in differenti			
The mailing address to which corre	espondence s	hould be addresse	ed, if different from item 5, is:
•			
(Address)			
	tered agent in	Idaho:	
Name and street address of regist			3. Boise. ID 83705
			6, Boise, ID 83705
Name and street address of regist National Registered Agents, Inc.	, 921 S Orch	ard Street, Suite C	
Name and street address of regist  National Registered Agents, Inc.  (Name and Address)  The name, capacity, and mailing a	, 921 S Orcha	ard Street, Suite C	
Name and street address of regist National Registered Agents, Inc. (Name and Address) The name, capacity, and mailing a Advanced Infusion Solutions Acquisition, LLC	, 921 S Orcha address of at le Manager	ard Street, Suite C east one governor: 623 Highland	
Name and street address of regist National Registered Agents, Inc. (Name and Address) The name, capacity, and mailing a Advanced Infusion Solutions Acquisition, LLC	, 921 S Orcha	ard Street, Suite C	
Name and street address of regist National Registered Agents, Inc. (Name and Address) The name, capacity, and mailing a Advanced Infusion Solutions Acquisition, LLC (Name)	, 921 S Orcha address of at le Manager	ard Street, Suite C east one governor: 623 Highland	
Name and street address of regist National Registered Agents, Inc. (Name and Address) The name, capacity, and mailing a Advanced Infusion Solutions Acquisition, LLC (Name)	, 921 S Orchaddress of at le Manager (Capacity)	east one governor: 623 Highland (Address)	
Name and street address of regist National Registered Agents, Inc. (Name and Address) The name, capacity, and mailing a Advanced Infusion Solutions Acquisition, LLC (Name)	, 921 S Orchaddress of at le Manager (Capacity)	east one governor: 623 Highland (Address)	Colony Parkway, Ste 100; Ridgeland, MS 39157
Name and street address of regist National Registered Agents, Inc. (Name and Address) The name, capacity, and mailing a Advanced Infusion Solutions Acquisition, LLC (Name)	, 921 S Orchaddress of at le Manager (Capacity)	east one governor: 623 Highland (Address)	Colony Parkway, Ste 100; Ridgeland, MS 39157
Name and street address of regist National Registered Agents, Inc. (Name and Address)  The name, capacity, and mailing a Advanced Infusion Solutions Acquisition, LLC (Name)	, 921 S Orchaddress of at le Manager (Capacity)	east one governor: 623 Highland (Address)	Colony Parkway, Ste 100; Ridgeland, MS 3915
Name and street address of regist National Registered Agents, Inc. (Name and Address) The name, capacity, and mailing a Advanced Infusion Solutions Acquisition, LLC (Name)	, 921 S Orchaddress of at le Manager (Capacity)	east one governor: 623 Highland (Address)	Colony Parkway, Ste 100; Ridgeland, MS 39157
Name and street address of regist National Registered Agents, Inc. (Name and Address)  The name, capacity, and mailing a Advanced Infusion Solutions Acquisition, LLC (Name)	ddress of at le Manager (Capacity)	east one governor: 623 Highland (Address)	Colony Parkway, Ste 100; Ridgeland, MS 39157

Control Number: 0572372

### STATE OF GEORGIA

## **Secretary of State**

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

### **CERTIFICATE OF EXISTENCE**

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### **1ST AMERICA INFUSION SERVICES, LLC**

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19472060
Date Inc/Auth/Filed: 11/01/2005
Jurisdiction : Georgia
Print Date : 08/03/2020
Form Number : 211



Bal Raffensperger

Brad Raffensperger

**Secretary of State**