



## STATE OF IDAHO

*Office of the secretary of state, Phil McGrane*  
**FOREIGN REGISTRATION STATEMENT (LIMITED  
LIABILITY COMPANY)**

Idaho Secretary of State  
PO Box 83720  
Boise, ID 83720-0080  
(208) 334-2301  
Filing Fee: \$100.00

*For Office Use Only*

-FILED-

File #: 0005601480

Date Filed: 2/13/2024 6:57:08 AM

<p>Foreign Registration Statement (Limited Liability Company)</p> <p>Select one: Standard, Expedited or Same Day Service (see descriptions below)</p> <p>1. The name this limited liability company will use in Idaho is:  <b>Type of Limited Liability Company</b> Foreign Limited Liability Company  <b>Entity name</b> CARE LYNC GEORGIA, LLC  <b>CARE LYNC GEORGIA, LLC</b></p> <p>2. Home Jurisdiction  <b>The jurisdiction of formation is:</b> PENNSYLVANIA</p> <p>3. The street address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  <b>Street Address</b> 257 NORTH 2ND STREET, UNIT 401  <b>PHILADELPHIA, PA 19106</b></p> <p>4. The mailing address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  <b>Mailing Address</b> 257 NORTH 2ND STREET, UNIT 401  <b>PHILADELPHIA, PA 19106</b></p> <p>5. The complete street address of the principal office is:  <b>Principal Office Address</b> 999 WEST MAIN STREET, SUITE 100  <b>BOISE, ID 83702</b></p> <p>6. The mailing address of the principal office is:  <b>Mailing Address</b> 999 W MAIN ST  <b>STE 100</b>  <b>BOISE, ID 83702-9001</b></p> <p>7. Registered Agent Name and Address  <b>Registered Agent</b> REGISTERED AGENTS INC  <b>Commercial Registered Agent</b>  <b>Physical Address</b> 784 S CLEARWATER LOOP STE R  <b>POST FALLS, ID 83854</b>  <b>Mailing Address</b> 784 S CLEARWATER LOOP STE R  <b>POST FALLS, ID 83854</b></p> <p><input checked="" type="checkbox"/> I affirm that the registered agent appointed has consented to serve as registered agent for this entity.</p> <p>8. Governors</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Gregg Golin</td> <td>MANAGER</td> <td>257 N 2ND ST APT 401 PHILADELPHIA, PA 19106-1320</td> </tr> </tbody> </table> <p>Signature of individual authorized by the entity to sign:</p>			Name	Title	Address	Gregg Golin	MANAGER	257 N 2ND ST APT 401 PHILADELPHIA, PA 19106-1320
Name	Title	Address						
Gregg Golin	MANAGER	257 N 2ND ST APT 401 PHILADELPHIA, PA 19106-1320						



*Gregg Golin*

Sign Here

*02/13/2024*

Date

Job Title: Manager

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T:717-787-1057  
dos.pa.gov/BusinessCharities

**Regarding:** CARE LYNC GEORGIA, LLC  
**Request Type:** Subsistence Certificate **Issuance Date:** February 13, 2024  
**Request No.:** 030312724 **File No.:** 0006920665  
**Receipt No.:** 000905617  
**Filing Type:** Domestic Limited Liability Company  
**Filing Subtype:** Limited Liability Company  
**Initial Filing Date:** July 18, 2019  
**Status:** Active

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

CARE LYNC GEORGIA, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

A handwritten signature in black ink, appearing to read "Albert Schmidt".

**Albert Schmidt**  
Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](http://www.file.dos.pa.gov)