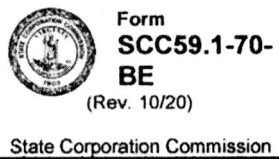


#10
State
Corporation
Commission

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 11485855
Filing Number: 2302066825689
Filing Date/Time: 03/09/2023 09:58 AM
Effective Date/Time: 03/09/2023 09:58 AM



Certificate of Assumed or Fictitious Name
Business Conducted by an Entity

The undersigned, on behalf of the business, legal, or commercial entity named below ("the entity"), states that the entity intends to conduct or transact business in the Commonwealth of Virginia under an assumed or a fictitious name and further states:

1. The name of the entity who will be conducting business under the assumed or fictitious name is

TSI Tidewater LLC

2. The assumed or fictitious name under which the business will be conducted is

Vital Care of Suffolk

3. The Entity is (mark appropriate box)

- A corporation
- A limited liability company
- A business trust
- A limited partnership
- A general partnership
- Another type of legal or commercial entity (describe)

4. The name of the state, country, or jurisdiction under whose law the entity is formed is

North Carolina

5. If the entity named in paragraph 1 is

A. Of record in the Office of the Clerk of the State Corporation Commission as a Virginia or foreign corporation, limited liability company, limited partnership, general partnership, or business trust, the SCC ID number issued to the entity by the Commission is

11485855

OR

B. Not on file in the Office of the Clerk of the State Corporation Commission, the post office address of the entity's principal place of business, which must include a street address, city or town, state, and zip code, is

_____ (number/street) _____ (city or town) _____ (state) _____ (zip)

The Foregoing information is true and correct to the best of my knowledge and belief as of

~~2/1/23~~ 3/10/23
(date)

A. (For an individual signing on behalf of the business, legal, or commercial entity)

TSI Tidewater LLC
(name of entity in paragraph 1)

By: *Dana Stripling* *Dana Stripling*
(signature) (signature)
Dana Stripling Manager
(printed name of signer) (title)

B. (For a business entity signing on behalf of the business, legal, or commercial entity)

(name of entity in paragraph 1)

By: _____
(name of business entity signing on behalf of the entity) (title)

By: _____
(signature)

(printed name of signer) (title)

Contact Information: *dkestripling@vitalcare.com*
(email address)

850 718 8319
(telephone number)

Required Fee: \$10.00