

M/8000001994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

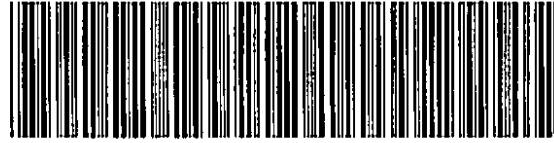
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. SIMMONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2018

DIMITRA SERVETAS
8158 CASCADE ISLES DR
COOPER CITY, FL 33024

SUBJECT: D SERVETAS HOSPITALIST PHYSICIANS GROUP LLC
Ref. Number: W18000014253

We have received your document for D SERVETAS HOSPITALIST PHYSICIANS GROUP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 918A00002994

RECEIVED
FEB 20 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: D SERVETAS HOSPITALIST PHYSICIANS GROUP LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

DIMITRA SERVETAS
Name of Person

Firm/Company

8158 CASCADA ISLES DRIVE
Address

COOPER CITY, FL 33024
City/State and Zip Code

DRSERVETAS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIMITRA SERVETAS at (440) 785-9603
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. D SERVETAS HOSPITALIST PHYSICIANS GROUP LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

DIMITRA SERVETAS HOSPITALIST PHYSICIANS GROUP LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. OHIO (Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-1459634 (FEI number, if applicable)

4. 02/01/2018
(Date first transacted business in Florida, if prior to registration.)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8158 CASCADA ISLES DRIVE
(Street Address of Principal Office)
COOPER CITY, FL 33024

6. 8158 CASCADA ISLES DRIVE
(Mailing Address)
COOPER CITY, FL 33024

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DIMITRA SERVETAS

Office Address: 8158 CASCADA ISLES DRIVE
COOPER CITY, Florida 33024
(City) (Zip code)

Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent.

Dimitra Servetas
(Registered agent's signature)

FILED
 18 FEB 26 46
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MANAGING MEMB</u>	<u>DIMITRA SERVETAS</u> <u>8158 CASCADA ISLES DRIV</u> <u>COOPER CITY, FL 33024</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dimitra Servetas
Signature of an authorized person

DIMITRA SERVETAS, MANAGING MEMBER
Typed or printed name of signee

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show D SERVETAS HOSPITALIST PHYSICIANS GROUP LLC, an Ohio For Profit Limited Liability Company, Registration Number 3865638, was organized within the State of Ohio on February 16, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of February, A.D. 2018.

Jon Husted

Ohio Secretary of State

Validation Number: 201803602802