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236 East 6th Avenue, Tallahassee, Florida 32303  
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**WALK IN**

**PICK UP:** 2/11 DANNY

- CERTIFIED COPY** \_\_\_\_\_
- PHOTOCOPY** \_\_\_\_\_
- CUS** \_\_\_\_\_
- FILING** FOREIGN LLC

1. POWER4WARD, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



236 E. 6th Ave.  
Tallahassee, FL 32303  
850-222-2666  
orders@cai.services

## INVOICE

BILL TO  
LAW OFFICES OF JEFF NOVATT, P.A.  
JEFF NOVATT, ESQ.  
1415 PANTHER LANE, SUITE 432  
NAPLES, FL 34109  
239-591-6781

SHIP TO  
EMAIL

INVOICE 22.1697  
DATE 02/11/2022  
TERMS Due on receipt

REFERENCE TIME  
SOUTHWEST 2/11 9:53

DESCRIPTION		AMOUNT
FILING	NAME RESERVATION: SOUTHWEST FLORIDA PELVIC HEALTH CLINIC, LLC	28.00
E-MAILED		
Disbursement	Disbursement for state fee	25.00
LET US KNOW HOW WE CAN BETTER SERVE YOU! THANK YOU FOR USING CORPORATE ACCESS!!		PAYMENT 53.00
		BALANCE DUE <b>\$0.00</b>
		<b>PAID</b>

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. Power4ward, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. California
(Jurisdiction under the law of which foreign limited liability company is organized)
3.
(FEI number, if applicable)

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

5. 1100 S Flagler Drive
(Street Address of Principal Office)
West Palm Beach, FL 33401
6. 37107 Stafford St
(Mailing Address)
Indio, CA 92203

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

Name: Neco Ameen
Office Address: 1100 S Flagler Drive
West Palm Beach, Florida 33401
(City) (Zip code)

FILED
2022 FEB 11 AM 10:58
TALLAHASSEE, FL

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.

[Signature]
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

Manager Name: Antonio Ameen  
 Member Address: 37107 Stratford St.  
 Authorized Indio, CA 92203  
 Person \_\_\_\_\_  
 Other President \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

Manager Name: Tonique Ameen  
 Member Address: 4336 Polk St. NE  
 Authorized Washington, DC 20019  
 Person \_\_\_\_\_  
 Other Treasurer \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: Neco Ameen  
 Member Address: 37107 Stratford St.  
 Authorized Indio, CA 92203  
 Person \_\_\_\_\_  
 Other Secretary \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

  
 \_\_\_\_\_  
 Signature of an authorized person

Neco Ameen  
 \_\_\_\_\_  
 Typed or printed name of signer



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

**Entity Name:** POWER4WARD, LLC  
**File Number:** 201721210158  
**Registration Date:** 07/24/2017  
**Entity Type:** DOMESTIC LIMITED LIABILITY COMPANY  
**Jurisdiction:** CALIFORNIA  
**Status:** ACTIVE (GOOD STANDING)

As of February 9, 2022 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of February 10, 2022.

A handwritten signature in black ink, appearing to read "S. N. Weber".

**SHIRLEY N. WEBER, Ph.D.**  
**Secretary of State**

**Certificate Verification Number:** Z1X83BZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at [bebizfile.sos.ca.gov/certification/index](http://bebizfile.sos.ca.gov/certification/index).