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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BEGGS & LANE
Account Number : I20020000155
Phone : (850)432-2451
Fax Number : (850)469-3331

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: RLJ@BEGGS-LANE.COM

Foreign Limited Liability Company
4570 WESLEY CHAPEL FL MEDICAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED

2004 MAY -8 AM 9:19

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLahassee, FLORIDA

24 MAY -8 PM 2:49

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4570 WESLEY CHAPEL FL MEDICAL, 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:

ROBERT L. JONES, III, ESQ.
Name of Person

BEGGS & LANE, RLLP
Firm/Company

501 COMMENDENCIA STREET
Address

PENSACOLA, FL 32502
City/State and Zip Code

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

For further information concerning this matter, please call:

ROBERT L. JONES, III, ESQ. 850 432-2451
Name of Contact Person at () Area Code Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:
Please make check payable to: **FLORIDA DEPARTMENT OF STATE**
 \$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

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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. 4570 WESLEY CHAPEL FL MEDICAL, 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. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3.
(FBI number, if applicable)

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

5. 41 N. JEFFERSON STREET, 4TH FLOOR
(Street Address of Principal Office)

6. Same
(Mailing Address)

PENSACOLA, FL 32502

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

Name: ROBERT L. JONES, III, ESQ.

Office Address: 501 COMMENDENCIA STREET

PENSACOLA, Florida 32502
(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.

[Handwritten signature of Robert L. Jones III]
(Registered agent's signature)

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6. 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: Chad C. Henderson

Member Address: 41 N. Jefferson Street

Authorized 4th. Floor

 Person Paisacola, FL 32502

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

 Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

 Person _____

Other _____ Other _____

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

Manager Name: _____

Member Address: _____

Authorized _____

 Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

 Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

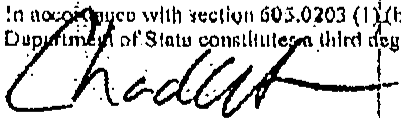
 Person _____

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 603.0203 (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

Chad C. Henderson

Typed or printed name of signee

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "4570 WESLEY CHAPEL FL MEDICAL, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "4570 WESLEY CHAPEL FL MEDICAL, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF DECEMBER, A.D. 2023.

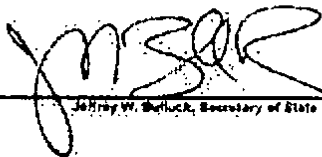
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



2812099 8300

SR# 20241940213

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 203419801

Date: 05-07-24

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