

M15000004298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

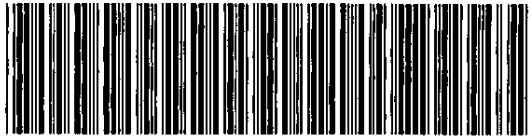
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
~~W15 2/1/20~~

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN - 2 2015  
T. BROWN

11C

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Global Healthcare Advisors, 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:

Lawrence Carter  
Name of Person

Global Healthcare Advisors, LLC.  
Firm/Company

333 S.E. 2nd Ave. Suite 2000  
Address

Miami, FL 33131  
City/State and Zip Code

Lcarter@ghadvisors.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lissette Vazquez at (305) 903-6247  
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



G H A

May 26, 2015

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: Global Healthcare Advisors, LLC/Ref: W15000027120**

Dear Sirs:

This is in response to your letter dated April 17, 2015. Enclosed you will find an original certificate of good standing for the above mentioned company. Also enclosed is the application form to include an alternate name.

I trust that all is in order and look forward to receiving my company registration for Global Healthcare Advisors, LLC. DBA GHA, LLC.

I have included within this packet is a return FedEx envelope to my attention for your convenience.

Should you have any questions or concerns, please do not hesitate to contact me via email at [lvazquez@ghadvisors.net](mailto:lvazquez@ghadvisors.net) or via phone at 786 871 3343.

Sincerely,

  
Lassette Vazquez  
Administrator

333 SE 2<sup>nd</sup> Avenue, Suite 2000  
Miami, FL 33131  
Tel: 786 871 3343  
[www.ghadvisors.net](http://www.ghadvisors.net)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2015

LAWRENCE CARTER  
GLOBAL HEALTHCARE ADVISORS, LLC  
333 SE 2ND AVE STE 2000  
MIAMI, FL 33131

SUBJECT: GLOBAL HEALTHCARE ADVISORS, LLC  
Ref. Number: W15000027120

We have received your document for GLOBAL HEALTHCARE ADVISORS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Teresa Brown  
Regulatory Specialist II

Letter Number: 715A00007757

**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. Global Healthcare Advisors, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

GH Advisors, 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 3. 47-3142205  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. March 2, 2015  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 333 S.E. 2nd Avenue, Suite 2000, Miami, FL 33131  
(Street Address of Principal Office)

6. Same as above  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
Lawrence Carter / Senior Managing Director / 333 S.E. 2nd Ave, Suite 2000, Miami, FL 33131  
Lissette Vazquez / Office Manager / 333 S.E. 2nd Ave, Suite 2000, Miami, FL 33131

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

(X) [Signature]  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Lawrence Carter  
Typed or printed name of signee

FILED  
15 JUN - 1 PM 12:20  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Global Healthcare Advisors, LLC

If unavailable, the alternate to be used in the state of Florida is:

GH Advisors, LLC

2. The name and the Florida street address of the registered agent and office are:

Lissette Vazquez

(Name)

333 S.E. 2nd Ave., Suite 2000

Florida Street Address (P.O. Box NOT ACCEPTABLE)

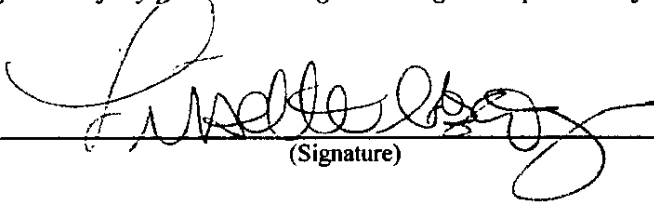
Miami FL 33131

City/State/Zip

15 JUN - 1 PM 12:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.*



(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

# Delaware

PAGE 1

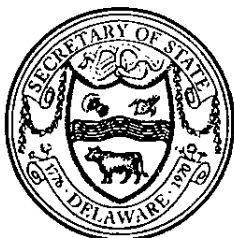
*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GLOBAL HEALTHCARE ADVISORS, 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 NINETEENTH DAY OF MAY, A.D. 2015.

FILED  
15 JUN - 1 PM 12:20  
STATE DEPT. OF STATE  
TALLAHASSEE, FLORIDA

5691887 8300

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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2390869

DATE: 05-19-15