B17000000111

(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:
name cert W17-31888

Office Use Only

600297682926

04/11/17--01026--025 **1000.00

FILED
17 MAY -8 PM 6:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
MAY 10 2017

David Di Pietro & Associates

Tower 101 |101 NE 3rd Ave, Suite 1410| Fort Lauderdale, FL 33301
Office (954) 712 3070 | Fax (954) 337 3824
www.DDPALaw.com

May 5, 2017

Sent via USPS

Stacey M. Warren
Regulatory Specialist
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: ONE MD, LP; Reference No. W17000031888; Letter No. 517a00008171

Dear Stacey M. Warren,

Our received a letter from you dated April 26, 2017, notifying us that the foreign registration application for OneMD, LP was missing a proper copy of its certificate of existence.

I am writing to you to let you know that I personally retrieved an original certificate of good standard from the State of Oklahoma's Office of the Secretary of State online portal. Enclosed, please find a computer screen print-out of evidencing the purchase and printing of the original certificate of good standard that the State of Oklahoma now issues through online orders and links. Also, enclosed please find the certificate of good standing of OneMD, LP and the letter that you sent to us dated April 26, 2017.

Thank you for your time and attention to this matter. Please feel free to contact me with any questions at (954) 712-3070 or Jocelyn@ddpalaw.com.

Sincerely,

Jocelyn Ezratty, Esq.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2017

JOCELYN E. EZRATTY, ESQ.
101 NE 3RD AVE, SUITE 1410
FORT LAUDERDALE, FL 33301

SUBJECT: ONE MD, LP
Ref. Number: W17000031888

We have received your document for ONE MD, LP and your check(s) totaling $1000.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

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.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 517A00008171

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 12, 2017

JOCELYN E. EZRATTY, ESQ.
101 NE 3RD AVE, SUITE 1410
FORT LAUDERDALE, FL 33301

SUBJECT: ONE MD, LP
Ref. Number: W17000031888

We have received your document for ONE MD, LP and your check(s) totaling $1000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited partnership or limited liability limited partnership is not available. A foreign limited partnership or limited liability limited partnership whose name is not available must adopt an alternate name for use in the state of Florida. Please insert the alternate name in the space provided.

NOTE: The alternate name must contain an acceptable suffix. Acceptable limited partnership suffixes include: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable limited liability limited partnership suffixes include: Limited Liability Limited Partnership, LLLP, or L.L.L.P.

The document number of the name conflict is L16000204654 ONE MD, LLC.

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.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 717A00007129

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OneMD, LP
Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.
Please return all correspondence concerning this matter to:

Jocelyn E. Ezratty, Esq.
Contact Person

David Di Pietro & Associates, P.A.
Firm/Company

101 NE 3rd Ave., Ste 1410
Address

Fort Lauderdale, FL 33301
City, State and Zip Code

service@ddpalaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jocelyn E. Ezratty, Esq. at (954) 712-3070
Name of Contact Person — Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ✓ $1,000.00 Filing Fees ($965 Filing Fee and $35 Registered Agent Fee)
- ☐ $1,008.75 Filing Fees and Certificate of Status
- ☐ $1,052.50 Filing Fees and Certified Copy
- ☐ $1,061.25 Filing Fee, Certified Copy, and Certificate of Status

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

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

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

1. One MD, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, *which must include suffix*)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

One MOOK, LP

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Oklahoma — **State or Country of Formation**

3. 12.28.2016 — **Date of Formation**

4. **Federal Employer Identification Number:** 81-5228961

5. **Name of Registered Agent for Service of Process and Florida Street Address:**

David Dimitris & Associates, P.A.
101 NE 3rd Ave #1410
Ft. Lauderdale FL 33301

6. *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 of Registered Agent

7. **Principal Office:**

1905 E. 41st Street
Tulsa OK 74105

8. **Mailing Address:**

Same

FILED
17 MAY -8 PM 6:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. **If limited partnership is a limited liability limited partnership,** check box .

10. **Name, principal office address, and mailing address of each general partner:**

Name of General Partner: Yogesh Mittal
Street Address: 1905 E 41st Street
Tulsa OK 74105
Mailing Address: Same as above

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:
Street Address:
Mailing Address:

Name of General Partner:_____ Name of General Partner:_____

Street Address: _____ Street Address: _____

_____ _____

Mailing Address:_____ Mailing Address:_____

_____ _____

11. **Effective date, if other than the date of filing:**_____.
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 15th day of March ,20 17 .

_____
Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

Filing Fees:	**$1,000.00** ($965 Filing Fee and $35 Registered Agent Fee)
Certified Copy (optional):	**$52.50**
Certificate of Status (optional):	**$8.75**

FILED
17 MAY -8 PM 6:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE

STATE OF OKLAHOMA

CERTIFICATE OF GOOD STANDING

DOMESTIC LIMITED PARTNERSHIP

I, THE UNDERSIGNED, *Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.*

I FURTHER CERTIFY *that ONEMD, LP whose registered agent is CLINT JAMES, with its registered office at 1811 S. BALTIMORE TULSA 74119 USA Oklahoma is a Domestic Limited Partnership duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.*

GREAT SEAL OF THE STATE OF OKLAHOMA 1907

IN TESTIMONY WHEREOF, *I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 5th, day of May, 2017.*

Secretary Of State