

L14000169101

(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:

Office Use Only



700303400647

09/26/17--01022--004 \*\*25.00

*J*  
9/27/17

FILED  
17 SEP 26 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IWHB Palm Beach, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debbie Thomason  
Name of Person

IWHB Palm Beach LLC  
Firm/Company

1395 S. State Rd 7, Ste 450  
Address

Wellington FL 33414  
City/State and Zip Code

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

For further information concerning this matter, please call:

Debbie Thomason at (561) 798-1414  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

1WHB Palm Beach, LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Keith A Agua MD	1395 S- <del>State</del> Rd 7, Suite 450 Wellington FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Ingrid Isclith DO	1395 S. State Rd 7, Suite 450 Wellington, FL 33414	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

17 SEP 26 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
17 SEP 26 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 9-21-2017 ,

Signature of a member or authorized representative of a member

Seth J. Herbst

Typed or printed name of signee

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L14000169101  
FILED 8:00 AM  
October 30, 2014  
Sec. Of State  
bbostick

**Article I**

The name of the Limited Liability Company is:

IWHB PALM BEACH, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

1395 STATE ROAD 7  
SUITE 450  
WELLINGTON, FL. US 33414

The mailing address of the Limited Liability Company is:

1395 STATE ROAD 7  
SUITE 450  
WELLINGTON, FL. US 33414

**Article III**

Other provisions, if any:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:

CORPORATION COMPANY OF MIAMI  
525 OKEECHOBEE BLVD.  
SUITE 1100  
WEST PALM BEACH, FL. 33401

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.

Registered Agent Signature: JAMES A. FARRELL, VICE PRES.

### **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
SETH J HERBST M.D.  
1395 STATE ROAD 7, SUITE 450  
WELLINGTON, FL. 33414 US

**L14000169101**  
**FILED 8:00 AM**  
**October 30, 2014**  
**Sec. Of State**  
**bbostick**

Signature of member or an authorized representative

Electronic Signature: JAMES A. FARRELL, AUTHORIZED REP.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.