Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242

Phone : (215)563-8113 Fax Number : (215)977-9386

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

FLORIDA LIMITED LIABILITY CO. VHW Medical Group, LLC

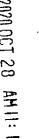
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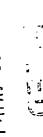
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OCT 2 9 2020

Electronic Filing Menu Corporate Filing Menu

Help





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, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 OCT 28 AM II: 17

To:

(((H200003748783)))

THC. "AMBR" = Au "MGR" = Mana	horized Member	Name and Address:
AMBR		Joanny Gonzalez 6532 Via Rosa Boca Raton FL 33433
<u>AMBR</u>		Gustavo U <u>rbina</u> 6532 Via Rosa Boca Raton FL 33433
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(If an effective date is list the date of filing.) <u>Note:</u> If the date inserted	ate, if other than the date ed, the date must be sp	e of filing (OPTIONAL) specific and cannot be more than five business days prior to or 90 days a meet the applicable statutory filing requirements, this date will not be lis
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\$ 30 00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)