

W03000002015

(Requestor's Name)

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W03-15545



000019174000

05/30/03--01064--003 **78.75

06/19/03--01024--012 **51.25

FILED
03 JUN 19 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

Attn: Marsha Thomas, Document Specialist

Subject: **Feathersound Surgery Center LLC**

Dear Madam:

Enclosed is a revised application for authorization by a foreign limited liability company to transact business in Florida for **Feathersound Surgery Center LLC**. Also enclosed is a check in the amount of \$51.25, which when combined with our previous check for \$78.75, will be sufficient to pay the \$100.00 application fee, \$25.00 designation of registered agent fee, and the \$5.00 fee for a certificate of status (total fees of \$130.00).

We have previously submitted an original certificate of existence no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under which Feathersound Surgery Center LLC is organized. We understand that the certificate, along with our previous check for \$78.75 is being held in safekeeping by your office.

Please return all correspondence concerning this matter to:

Raphael A. Drehsen
c/o Accountables, Inc.
12157 W. Linebaugh Ave #306
Tampa, FL 33626-1732

Questions concerning the application can be directed to Pamela A. Saari at 813-926-2229. Thank you for your prompt attention to this matter.

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03 JUN 19 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

June 2, 2003

RAPHAEL A. DREHSEN
12157 W. LINEBAUGH AVE #306
TAMPA, FL 33626-1732

SUBJECT: FEATHERSOUND SURGERY CENTER LLC
Ref. Number: W03000015545

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for FEATHERSOUND SURGERY CENTER LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas
Document Specialist


Letter Number: 403A00034482

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Feathersound Surgery Center LLC
(Name of foreign limited liability company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 04-3672558
(FEI number, if applicable)
4. June 6, 2002
(Date of Organization)
5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. April 1, 2003
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 2325 Ulmerton Rd. Suite 27
Clearwater, FL 33762
(Street address of principal office)
8. If limited liability company is a manager-managed company, check here ☐
9. The name and usual business addresses of the managing members or managers are as follows:
Raphael A. Drehsen 2325 Ulmerton Rd. Suite 27, Clearwater, FL 33762

10. 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.)
11. Nature of business or purposes to be conducted or promoted in Florida: medical services



Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Raphael A. Drehsen

Typed or printed name of signee

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03 JUN 19 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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:

Feathersound Surgery Center LLC

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

Raphael A. Drehsen

(Name)

2325 Ulmerton Rd. Suite 27

Florida street address (P.O. Box **NOT** ACCEPTABLE)

Clearwater

FL 33762

(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 608, F.S.



(Signature)

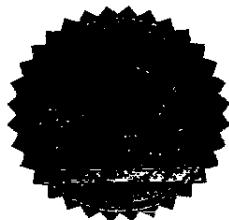
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FEATHERSOUND SURGERY CENTER, 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 TWENTY-THIRD DAY OF MAY, A.D. 2003.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3533560 - 8300

AUTHENTICATION: 2434499

030339358

DATE: 05-23-03