

M106000001895

(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



000066247950

03/14/06--01036--015 **55.00

03/27/06--01015--003 **70.00

04
03
L206
06 APR -3 AM 11:59
TALLAHASSEE, FLORIDA
SEC. OF STATE

10 p

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Stone Surgery Clinic, LLC
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Dr. Fawzi Fawaz
(Name of Person)
Stone Surgery Clinic, LLC
(Firm/Company)
4415 U.S. Highway 931 South
(Address)
De Funiak Springs, FL 32435
(City/State and Zip code)

For further information concerning this matter, please call:

Dr. Fawzi Fawaz at (850) 951-4556
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

***MAILING ADDRESS:**

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
06 APR -3 AM 11:59
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STONE SURGERY CLINIC
(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:

FAWZI FAWAZ, M.D.
(Name of Person)

(Firm/Company)

4415 HWY 331 SOUTH
(Address)

DeFUNKIAK SPRINGS FL 32435
(City/State and Zip Code)

RECEIVED
TALLAHASSEE, FLORIDA

06 APR -3 AM 11:59

FILED

For further information concerning this matter, please call:

FAWZI FAWAZ, MD at (850) 951 4556
(Name of Person) (Area Code & Daytime Telephone Number)

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

STREET ADDRESS:
Division of Corporations
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2006

DR. FAWZI FAWAZ
STONE SURGERY CLINIC, L.L.C.
4413 U.S. HIGHWAY 331 SOUTH
DE FUNIAK SPRINGS, FL 32435

SUBJECT: STONE SURGERY CLINIC, L.L.C.
Ref. Number: W06000010073

We have received your document for STONE SURGERY CLINIC, L.L.C. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$55.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form and fee you submitted are for a corporation, but your entity is an LLC. Enclosed is the proper form for your LLC.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 306A00014351

06 APR -3 AM 11:59
TALLAHASSEE, FLORIDA
FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2006

DR. FAWZI FAWAZ
STONE SURGERY CLINIC, L.L.C.
4415 U.S. HIGHWAY 331 SOUTH
DE FUNIAK SPRINGS, FL 32435

SUBJECT: STONE SURGERY CLINIC, L.L.C.
Ref. Number: W06000010073

Upon receipt of your letter and/or check(s) totaling \$125.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

As noted in the attached copy of our previous letter, the form you originally sent was for a corporation rather than for an LLC. We are enclosing another blank LLC form for your use. Please complete the form and return it to me with a copy of this letter.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 406A00016885

FILED
06 APR -3 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2006

DR. FAWZI FAWAZ
STONE SURGERY CLINIC, L.L.C.
4413 U.S. HIGHWAY 331 SOUTH
DE FUNIAK SPRINGS, FL 32435

We have received your document for STONE SURGERY CLINIC, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please list the complete principal's office address. This address must be a street address; a post office box is not acceptable.

Please provide the name and usual business address for the management in section 9.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 906A00018829



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2006

DR. FAWZI FAWAZ
STONE SURGERY CLINIC, L.L.C.
4413 U.S. HIGHWAY 331 SOUTH
DE FUNIAK SPRINGS, FL 32435

SUBJECT: STONE SURGERY CLINIC, L.L.C.
Ref. Number: W06000010073

We have received your document for STONE SURGERY CLINIC, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the name and usual business address for the management in section 9, as requested in our previous letter.

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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 106A00020282

FILED
06 APR -3 AM 11:59
TALLAHASSEE
FLORIDA
STATE
DEPT OF CORP

**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. STONE SURGERY CLINIC, LLC
(Name of Foreign Limited Liability Company)

2. MISSISSIPPI 3. 56-1881557
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 05-24-1999 5. PERPETUAL
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. 03-15-2006
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 4415 HWY 331 S.
DeFUNKIAK SPRINGS FL 324
(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:

FAWZI FAWAZ, M.D.
MAIN SURGERY CLINIC
598 S. SECOND ST, DeFUNKIAK SPGS, FL 32435

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:

PRACTICE MEDICINE & SURGERY

Fawzi Fawaz, M.D.
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.)

FAWZI FAWAZ, M.D.
Typed or printed name of signee

FILED
06 APR -3 11:59
SEAL 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:

STONE SURGERY CLINIC

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

FAWZI FAWAZ, M.D.

(Name)

4415 HWY 331 S

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

De FUMIAK FL 32435

City/State/Zip

FILED
06 APR -3 AM 11:59
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, Florida Statutes.

Fawzi Fawaz
(Signature)

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

State of Mississippi

Office of the Secretary of State

Eric Clark, Secretary of State
Jackson, Mississippi

CERTIFICATE

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify that:

STONE SURGERY CLINIC, L.L.C.

Formed April 23, 1999

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

324 EAST CAVERS AVENUE
WIGGINS MS 39577

and that the registered agent at that address is:

ROBERT E. TAYLOR, JR.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office and that said Limited Liability Company is in good standing to do business in Mississippi at this time.



Given under my hand
and seal of office
February 22, 2006

Eric Clark

ERIC CLARK
Secretary of State

FILED
06 APR -3 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA