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From:

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Account Number : 075350000132

: (305)374-7580

Phone Fax Number

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Foreign Limited Liability Company 2235 WEST FLAGLER, LLC

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO	TRANSACT BUSINESS IN THE	STATE OF FLORIDA:		
1. 2235 WEST PLAGLER, LLC	Liability Company; must inclu	3_ 69 (322) T (77°C'''
(Name of Foreign Limited	Liability Company; must inclu	de "Limited Liability C	ompany, L.C.C., or	(.االيلية
(If name unavailable, enter alterna	te name edopted for the purpos	e of transacting busines	s in Florida and attach	e copy of the writ
consent of the managers or manag	ing members adopting the alter	mate name. The alternat	e name must include "I	imited Liability
Company," "L.L.C," "LLC.")				
2 Delaware	3			73 -17
(Jurisdiction under the law of w company is organized)	hich foreign limited liability	(FEI or	imber, if application	TO THE REAL PROPERTY.
4 2/26/2013	· · · · · · · · · · · · · · · · · · ·	perpetual	E.	2 2
(Date of Organiz	ration)	(Duration: Year limexist or "perpetual"	ited liability company,	vill cease to
		exist or perpetual	,	TO G. 34
6			,	<u></u>
(Date (See se	first transacted business in Floctions 608.501 & 608.502 F.S.	rida, if prior to registrat to determine penalty lia	ion.) ibility)	925
7 c/o Leon Medical Center, Inc.	•			9 ()
7. Of Econ Monday Contain, Mic.	11101017 -1011100000 11111			
	(Street Address	of Principal Office)		
o ver '. IV I'V.		خسستا مامماد المتا	" П	
8. If limited liability compar	ny is a manager-managed	company, check he	ıe 🗀	
9. The name and usual busin	ness addresses of the man	aging members or n	anagers are as follo	ws:
		•		**
LEON MEDICAL CENTERS	, INC., a Florida corporation			
11501 SW 40TH Street, Mia	mi. FL 33165		•	
		·		
***************************************	C :	1	- 31 man - Maint tombre	المسمسال عراب عالم
 Attached is an original cartificate the jurisdiction under the law of wh 				
translation of the certificate under o			CATORICAN DIN & ICHORES	s series es
		•	•	,
 Nature of business or put 	rposes to be conducted or	promoted in Florid	a:	
To engage in any lawful act or	sctivity.			·
	//a// Wishmal Charly			
	//s// Michael Shealy ture of a member or an au	thorized representat	ive of a member	
	section 608.408(3), F.S., the exec			ler the
penalties of perjury	that the facts stated herein are tru	e. I am aware that any f	alse information submit	ted in a
	Department of State constitutes		s provided for in s.817.	155, F.S.)
Michae	el Shealy, Authorized Represen			
	Typed or printed	name of signee		44

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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.

l. The nar	me of the Limited	l Liability Company is:	
2235 WEST	FLAGLER, LLC		
If unavaila	able, the alternate	to be used in the state of Florida is:	-
2. The nar	me and the Florid	a street address of the registered agent and office are:	_
	Mark Koonde	$m{4}$	
		(Name)	
	11501 SW 40	OTH Street	
		Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Miami	FL 33165	
		City/State/Zip	
liability con agent and a relating to	mpany at the plac agree to act in thi the proper and co	tered agent and to accept service of process for the above stated limited e designated in this certificate, I hereby accept the appointment as registe s capacity. I further agree to comply with the provisions of all statutes emplete performance of my duties, and I am familiar with and accept the registered agent as provided for in Chapter 608, Florida Statutes.	:rea
	. Ву:	//s// Mark Koondel	
	Mark Ko	(Signature) ondel	
	,	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "2235 WEST FLAGLER, 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-SEVENTH DAY OF FEBRUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE

5294647 8300

130236412

You may verify this certificate online at corp.delawars.gov/authver.shtml

AUTHENTY CATION: 0244108

DATE: 02-27-13