

M1500 0064167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

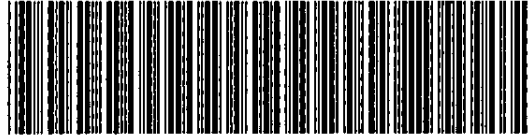
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAY 27 AM 9:11
STATE OF TEXAS
CLERK OF COURT
JULIA H. S. ELLIOTT

JUN 01 2015
J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2015

MARLYN WEINER
6111 BROKEN SOUND PKWY NW STE 330
BOCA RATON, FL 33487

SUBJECT: PEMBROKE PINES SPECIALTY SURGERY CENTER, LLC
Ref. Number: W15000030675

We have received your document for PEMBROKE PINES SPECIALTY SURGERY CENTER, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 215A00008923

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pembroke Pines Specialty Surgery Center, LLC
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:

Marlyn J. Weiner, Esq.

Name of Person

Marlyn J. Wiener, P.A.

Firm/Company

6111 Broken Sound Parkway N.W. Ste. 330

Address

Boca Raton, FL 33487

City/State and Zip Code

marlyn@mwfloridalaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlyn J. Wiener, P.A. at (**561**) **443-7124**

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
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

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. Pembroke Pines Specialty Surgery Center, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-1424918

(FEI number, if applicable)

4. 6-23-2014

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. P.O. Box 6742

942 Sunset Rd

Delray Beach, FL 33482

West Palm Beach Fl 33401

(Street Address of Principal Office)

6. P.O. Box 6742

Delray Beach, FL 33482

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are

Sasha Cuevas

Mgr

P.O. Box 6742

Delray Beach, FL 33482

8. 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)


Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Sasha Cuevas, Manager

Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Pembroke Pines Specialty Surgery Center, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

Sasha Cuevas

(Name)

942 Sunset Road

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

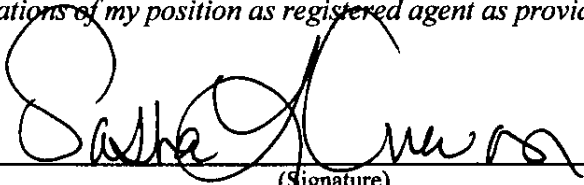
West Palm Beach

FL 33401

City/State/Zip

FILED
15 MAY 27 AM 9:11
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, 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 605, Florida Statutes.


(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

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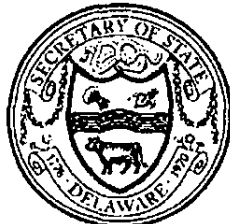
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PEMBROKE PINES SPECIALTY 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-SIXTH DAY OF MAY, A.D. 2015.

FILED
15 MAY 27 AM 9:11
STATE OF DELAWARE
DEPARTMENT OF STATE

5556552 8300

150756351



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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2405573

DATE: 05-26-15