

M15000006824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

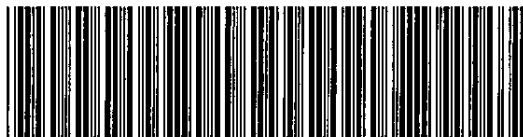
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

no R.A. sign.
no cert.
WIS-52498

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FILED

2015 AUG 27 P 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 28 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2015

DAVID W. HIRSHFELD
444 WEST PALMETTO PARK ROAD, B-103
BOCA RATON, FL 33432

SUBJECT: DEERFIELD HEALTH CLINIC, LLC
Ref. Number: W15000052498

We have received your document for DEERFIELD HEALTH CLINIC, 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):

The registered agent must sign accepting the designation.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 215A00016390

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Deerfield Health Clinic 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:

David W. Hirshfeld

Name of Person

Firm/Company

444 West Palmetto Park Road, B-103

Address

Boca Raton, Florida 33432

City/State and Zip Code

david@hplcounsel.com

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

For further information concerning this matter, please call:

David W. Hirshfeld

813 455 - 1557
at ()

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 TRANSACT BUSINESS
IN FLORIDA**

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

1. Deerfield Health Clinic, 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. State of Delaware 3. 47 - 4414079
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Has not yet transacted business in Florida.
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 525 South Federal Highway
Deerfield Beach, Florida 33441
(Street Address of Principal Office)

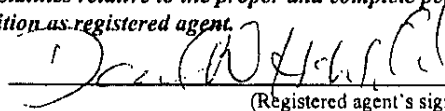
6. 525 South Federal Highway
Deerfield Beach, Florida 33441
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: David W. Hirshfeld
Office Address: 444 West Palmetto Park Road, B-103
Boca Raton, Florida 33432
(City) (Zip code)

Registered agent's acceptance:

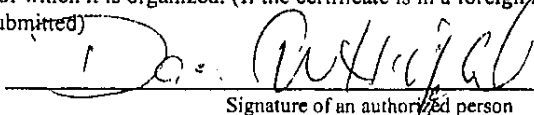
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

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

David W. Hirshfeld, Authorized Person
444 West Palmetto Park Road, B-103
Boca Raton, Florida 33432

9. Attached is a 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. (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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

David W. Hirshfeld
Typed or printed name of signee

FILED
2015 AUG 27 P 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

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The First State


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DEERFIELD HEALTH CLINIC, 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 TWENTIETH DAY OF AUGUST, A.D. 2015.



5773960 8300

151197653

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


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2663293

DATE: 08-20-15