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то:	Registration Section Division of Corporations	• • • •				
SUBJEC	St. PETERSBURG GASTROENTEROL	OGY ASSOCIATES LI	LC			
SOBJEC		me of Limited Liability	Company			
The encl Existence	sclosed "Application by Foreign Limited Liability nee, and check are submitted to register the above	y Company for Authoriz e referenced foreign lim	ation to Transact Business in Florida," Certificate of ted liability company to transact business in Florida			
Please re	return all correspondence concerning this matter	to the following:				
	ELIE AYYUB					
		Name of Person				
	St. PETERSBURG GASTROENTE	St. PETERSBURG GASTROENTEROLOGY ASSOCIATES LLC				
	Firm/Company					
	2763 First Avenue North	2763 First Avenue North				
		Address				
	St. PETERSBURG, FLORIDA 3371	3				
		City/State and Zip Code				
	eayyub@phcpinellas.com					
	E-mail address: (to	be used for future annua	report notification)			
For furth	ther information concerning this matter, please c	all:				
	ELIE AYYUB	727 at (	820-1039			
	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			
	ed is a check for the following amount:  \$\Boxed{\Boxes} \\$125.00 \text{ Filing Fee} \Boxed{\Boxes} \\$130.00 \text{ Filing Fe} \text{Certificate of Status}		ng Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy			



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

September 1, 2015

ELIE AYYUB 2763 FIRST AVENUE NORTH ST PETERSBURG, FL 33713

SUBJECT: ST. PETERSBURG GASTROENTEROLOGY ASSOCIATES LLC

Ref. Number: W15000055772

We have received your document for ST. PETERSBURG GASTROENTEROLOGY ASSOCIATES 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 jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 215A00017606

### 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: St. PETERSBURG GASTROENTEROLOGY ASSOCIATES 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.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2763 First Avenue North - St. Petersburg, FL 33713 (Street Address of Principal Office) 1839 Central Avenue - St. Petersburg, FL 33713 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) **ELIE AYYUB** Name: 1839 Central Avenue Office Address: St. Petersburg 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ELIE AYYUB - MANAGER 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)

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.

**ELIE AYYUB** 

## Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ST. PETERSBURG GASTROENTEROLOGY

ASSOCIATES 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 THIRTY-FIRST

DAY OF AUGUST, A.D. 2015.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ST.

PETERSBURG GASTROENTEROLOGY ASSOCIATES LLC" WAS FORMED ON THE

THIRTIETH DAY OF JULY, A.D. 2015.

5795177 8300

151238176

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 2690236

DATE: 08-31-15

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