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(City/State/Zip/Phone #)

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SEP 23 P 4:32
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 26 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2016 SEP 23 PM 3:29

September 9, 2016

DVORA WEINREB
DVORA M. WEINREB PA
20283 STATE ROAD 7, SUITE 40
BOCA RATON, FL 33498

SUBJECT: WASO HEALTH CARE LLC
Ref. Number: W16000062047

We have received your document for WASO HEALTH CARE 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 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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 516A00019222

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Waso Health Care 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:

Dvora Weinreb

Name of Person

Dvora M. Weinreb PA

Firm/Company

20283 State Road 7, Suite 400

Address

Boca Raton, FL 33498

City/State and Zip Code

dvora@dwpalaw.com

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

2016 SEP 23 PM 4:32
TALLAHASSEE, FL 32301

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For further information concerning this matter, please call:

Dvora Weinreb

954

274-7730

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. Waso Health Care 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. OH 3. 45-4530781
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 4421 Roosevelt Blvd Suite H
Middletown, OH 45044
(Street Address of Principal Office)

6. 4421 Roosevelt Blvd Suite H
Middletown, OH 45044
(Mailing Address)

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

Name: Wael M Khalifa
Office Address: 122 Dockside Circle
Weston, Florida 33327
(City) (Zip code)

Registered agent's acceptance:

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 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.

(X) Wael M Khalifa
(Registered agent's signature)

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

Wael M Khalifa, Manager
122 Dockside Circle
Weston, FL 33327

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)

(X) Wael M Khalifa
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.

Wael M Khalifa
Typed or printed name of signee

FILED
2018 SEP 23 PM 4:32
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show WASO HEALTH CARE LLC, an Indiana corporation, having qualified to do business within the State of Ohio on February 22, 2012 under License No. 2085534 is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 2nd day of September, A.D.
2016.*

Jon Husted

Ohio Secretary of State

Validation Number: 201624601710