

M17000003332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

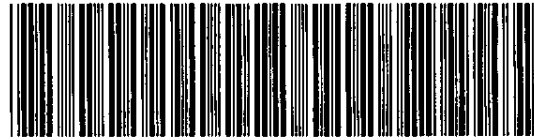
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

M17-23979

647,6359

Office Use Only



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03/17/17--01006--001 \*\*125.00

APR 19 2017  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR 17 PM 2:38



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2017

MELINDA S MALECKI  
MOMKUS MCCLUSKEY ROBERTS LLC  
1001 WARRENVILLE ROAD STE 500  
LISLE, IL 60532

SUBJECT: JOHN FIELD, LLC  
Ref. Number: W17000023979

2017 APR 17 PM 12:12  
FILED  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA

We have received your document for JOHN FIELD, 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):

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.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer 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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 717A00005349

FILED  
STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
17 MAR 17 PM 2:38

**MMR**  
**MOMKUS McCLUSKEY**  
**ROBERTS LLC**

1001 Warrenville Road, Suite 500  
Lisle, IL 60532  
630-434-0400  
FAX: 630-434-0444  
www.momlaw.com

Brandi G. Tovar, Paralegal  
Direct Telephone: (630) 596-5305  
btovar@momlaw.com

April 13, 2017

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

RE: John Field, LLC  
Registration by Foreign Limited Liability Company for Authorization to Transact Business in  
Florida

FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
17 MAR 17 PM 2:38

To Whom It May Concern:

In follow-up to your letter dated March 21, 2017 (see enclosed), I am enclosing the Registration by Foreign Limited Liability Company for Authorization to Transact Business in Florida for John Field, LLC, which includes an alternate name of John Field M.D., LLC, an Illinois limited liability company, and a copy of the Illinois Certificate of Good Standing. I believe you are still holding onto check number 1146 in the amount of \$125 for the filing fee.

Please return a file-stamped copy of the Registration by Foreign Limited Liability Company for Authorization to Transact Business in Florida to me in the enclosed self-addressed stamped envelope.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

MOMKUS McCLUSKEY ROBERTS LLC

*Brandi Tovar*

By: Brandi G. Tovar

Enclosures

cc: John P. Field, M.D.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** John Field, 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:

Melinda S. Malecki

Name of Person

Momkus McCluskey Roberts LLC

Firm/Company

1001 Warrenville Road, Suite 500

Address

Lisle, Illinois 60532

City/State and Zip Code

btovar@momlaw.com

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

For further information concerning this matter, please call:

Brandi Tovar

630

596-5305

Name of Contact Person

at ( )

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR 17 PM 2:38

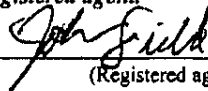
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

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. John Field, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
John Field M.D., 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. Illinois  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-4355113  
(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. 13 Donegal Court  
Newark, DE 19711  
(Street Address of Principal Office)
6. 13 Donegal Court  
Newark, DE 19711  
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: John Field, M.D.  
Office Address: 1125 9th Street, Apt 1  
Miami Beach, Florida 33139  
(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.



(Registered agent's signature)

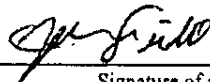
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

John Field, M.D., Manager

13 Donegal Court

Newark, DE 19711

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.

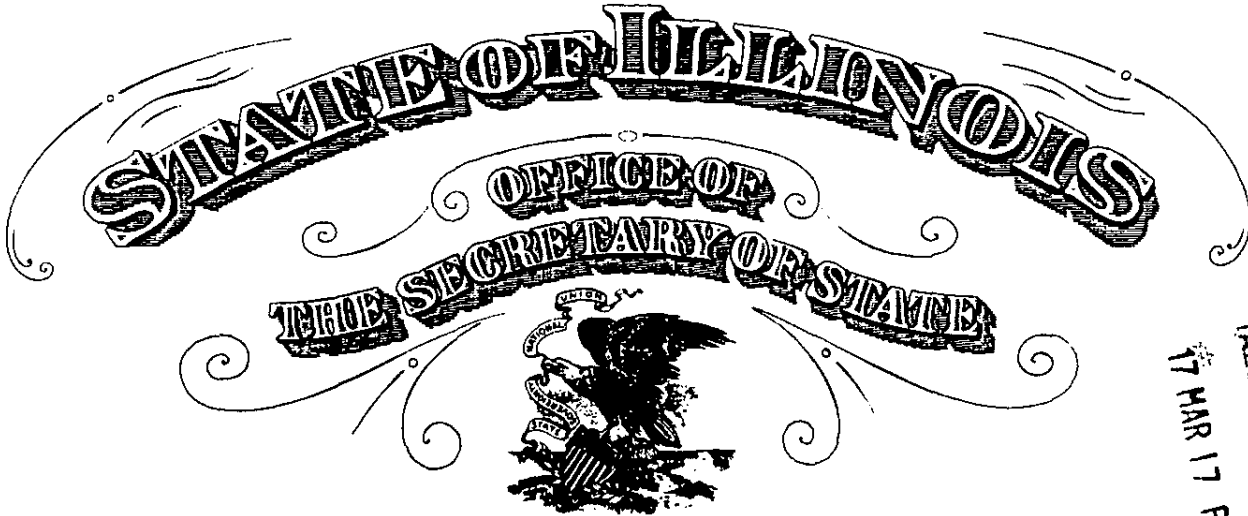
John Field, M.D.

Typed or printed name of signee

17 MAR 17 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

File Number

0598703-2



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR 17 PM 3:39

**To all to whom these Presents Shall Come, Greeting**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

JOHN FIELD, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 31, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set***  
***my hand and cause to be affixed the Great Seal of***  
***the State of Illinois, this 4TH***  
***day of APRIL A.D. 2017 .***

*Jesse White*

SECRETARY OF STATE

Authentication #: 1709402466 verifiable until 04/04/2018

Authenticate at: <http://www.cyberdriveillinois.com>

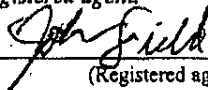
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

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1. John Field, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
John Field M.D., 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. Illinois  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-4355113  
(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. 13 Donegal Court  
Newark, DE 19711  
(Street Address of Principal Office)
6. 13 Donegal Court  
Newark, DE 19711  
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
Name: John Field, M.D.  
Office Address: 1125 9th Street, Apt 1  
Miami Beach, Florida 33139  
(City) (Zip code)

Registered agent's acceptance:

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(Registered agent's signature)

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

John Field, M.D., Manager

13 Donegal Court

Newark, DE 19711

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Signature of an authorized person

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John Field, M.D.

Typed or printed name of signee

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR 17 PM 2:39