

M17000007519

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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300302003793

08/15/17--01026--023 **125.00

08/28/17--01023--026 **638.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 AUG 28 AM 7:53

M. MILLIGAN
AUG 31 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2017

RANDY M GOLDBERG, ESQ.
1101 SW 71 AVL
PLANTATION, FL 33317

SUBJECT: PARADIGM MEDICAL NETWORK LLC
Ref. Number: W17000067775

We have received your document for PARADIGM MEDICAL NETWORK 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 section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

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.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 317A00016899

COVER LETTER

TO: Registration Section
Division of Corporations

Paradigm Medical Network LLC

SUBJECT: _____

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:

Paradigm Medical Network LLC
Name of Person

Firm/Company

1101 S.W. 71 Ave
Address

Fort Lauderdale, FL 33307
City/State and Zip Code

RMG@PSC.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paradigm Medical Network LLC at 754 247-0867
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. PARADIGM MEDICAL NETWORK, 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 3. 47-4520421
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. March 2016
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty, liability)

5. 2655 N. Ocean Drive, Suite 500 6. 2655 N. Ocean Drive, Suite 500
(Street Address of Principal Office) (Mailing Address)
Singer Island, FL 33404 Singer Island, FL 33404

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

Name: Randy M. Goldberg, Esquire
Office Address: 2655 N. Ocean Drive, #500
Singer Island Florida 33404
(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:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Synnergy Healthcare Associate</u> <u>2655 N. Ocean Drive, #500</u> <u>Singer Island, FL 33404</u>		
<u>President</u>	<u>JC McGann</u> <u>2655 N. Ocean Drive, #500</u> <u>Singer Island, FL 33404</u>		

(Use attachments if necessary)

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)

10. 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.

(Signature of an authorized person)

Randy M. Goldberg, Esquire

Typed or printed name of signer

17 AUG 28 AM 1:53
DIVISION OF CORPORATIONS
STATE OF FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PARADIGM MEDICAL NETWORK 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-SECOND DAY OF AUGUST, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PARADIGM MEDICAL NETWORK LLC" WAS FORMED ON THE TENTH DAY OF JULY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



5761723 8300

SR# 20175828539

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203098102

Date: 08-22-17