

MI7000008972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

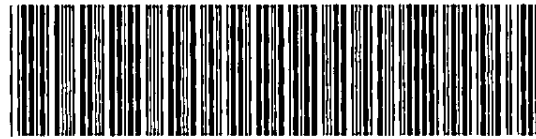
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Cert name - same entity FL W17-69500

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17 OCT 19 PM 4:03
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

OCT 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2017

MICHAEL FRISCH
12957 PALMS WEST DRIVE, SUITE 204
LOXAHATCHEE, FL 33470

SUBJECT: PALM BEACH THYROID AND ENDOCRINOLOGY WELLNESS,
LLC
Ref. Number: W17000069500

We have received your document for PALM BEACH THYROID AND ENDOCRINOLOGY WELLNESS, 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.

The document number of the name conflict is L14000024885 PALM BEACH THYROID AND ENDOCRINOLOGY WELLNESS, LLC (APPEARS TO BE OWNED BY SAME PRINCIPALS).

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 Warren
Regulatory Specialist II

Letter Number: 117A00017386

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Palm Beach Thyroid and Endocrinology Wellness, 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:

Dr. Michael Frisch

Name of Person

Palm Beach Thyroid and Endocrinology Wellness, LLC

Firm/Company

12957 Palms West Drive Suite 204

Address

Loxahatchee FL, 33470

City/State and Zip Code

mfrisch@pbteew.com

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

For further information concerning this matter, please call:

Dr. Michael Frisch

561

303-2800

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

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. Palm Beach Thyroid and Endocrinology Wellness, 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. Alaska 3. 464798974
(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. 12957 Palms West Drive 6. 12957 Palms West Drive
(Street Address of Principal Office) (Mailing Address)
Suite 204
Loxahatchee FL, 33470

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

Name: Dr. Michael Frisch

Office Address: 12957 Palms West Drive Suite 204
Loxahatchee, Florida 33470
(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.

Dr. Michael Frisch
(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>Dr. Michael Frisch</u>	<u>12957 Palms West Drive</u> <u>Suite 204</u> <u>Loxahatchee FL, 33470</u>	<u>Managing Member</u>	
<u>Dr. Anna Frisch</u>	<u>12957 Palms West Drive</u> <u>Suite 204</u> <u>Loxahatchee FL, 33470</u>	<u>Managing Member</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.

Dr. Michael Frisch

Typed or printed name of signer

Alaska Entity #10055417

State of Alaska
Department of Commerce, Community, and Economic
Development
Corporations, Business, and Professional Licensing

Certificate of Compliance

The undersigned, as Commissioner of Commerce, Community, and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

Palm Beach Thyroid and Endocrinology Wellness, LLC

This entity was formed on March 16, 2017 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate
and affix the Great Seal of the State of Alaska
effective August 29, 2017.

A handwritten signature in black ink, appearing to read "Chris Hladick".

Chris Hladick
Commissioner