

MI7000009662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

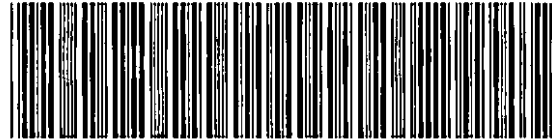
(Business Entity Name)

(Document Number)

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

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D. SCOTT  
NOV 14 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Greater Washington Plastic Surgery Associates, 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:

Daniel Glynn

Name of Person

GWPSA

Firm/Company

2755 Hartland Rd., Suite 204

Address

Falls Church, VA 22043

City/State and Zip Code

dglynn@merrifieldlaw.com

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

For further information concerning this matter, please call:

Daniel Glynn

703

884-2399

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 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Greater Washington Plastic Surgery 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")

2. Virginia

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 06-1836111

(FEI number, if applicable)

4. N/A

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

5. 2755 Hartland Road

(Street Address of Principal Office)

Suite 300

Falls Church, VA 22043

6. 2755 Hartland Road

(Mailing Address)

Suite 300

Falls Church, VA 22043

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

Name:

Brittany Harrison

Office Address:

5400 S. Williamson Blvd.

Port Orange

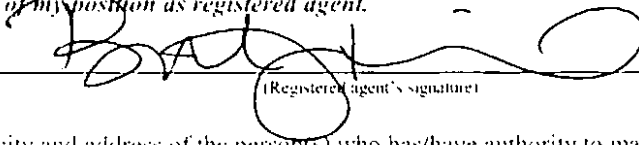
(City)

Florida 32128

(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:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Owner/Member

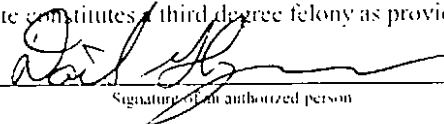
Vineet Mehan

2755 Hartland Rd., Suite 300  
Falls Church, VA 22043

(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)

DANIEL GLYNN

(Typed or printed name of signer)

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

*I Certify the Following from the Records of the Commission:*

That Greater Washington Plastic Surgery Associates, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

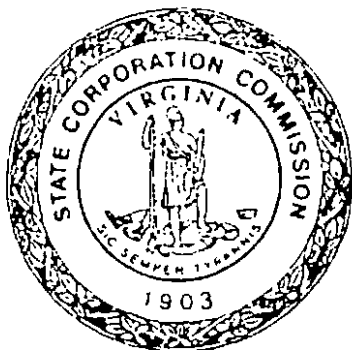
That the date of its organization is January 26, 2017; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

RECEIVED  
STATE CORPORATION COMMISSION  
NOV 13 2017

*Signed and Sealed at Richmond on this Date:  
November 3, 2017*



*Joel H. Peck*

Joel H. Peck, Clerk of the Commission