

M17000010820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

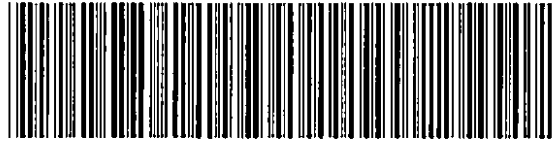
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 DEC 21 AM 10:47

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17 DEC 21 AM 8:04
TAMPA, FLORIDA

J. LEGGETT
DEC 22 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 976038 8104118

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE : December 21, 2017

ORDER TIME : 9:26 AM

ORDER NO. : 976038-005

CUSTOMER NO: 8104118

FOREIGN FILINGS

NAME: HEALIX HEALTHCARE SERVICES,
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____

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. Healix Healthcare Services, 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. DE (Jurisdiction under the law of which foreign limited liability company is organized) 3. _____ (FEL number, if applicable)

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

5. 3389 Sheridan Street #408 (Street Address of Principal Office)
Hollywood, FL 33021

6. 3389 Sheridan Street #408 (Mailing Address)
Hollywood, FL 33021

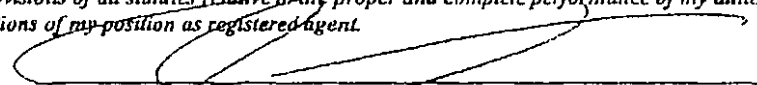
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: The Florida Healthcare Law Firm

Office Address: 909 SE 5th Avenue, Suite 200
Delray Beach, Florida 33483
(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>see attached</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

Nigel Spier, as Manager

Typed or printed name of signee

17 DEC 21 AM 8:06
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8. The name, title or capacity and address of the person(s) who has/have the authority to manage is/are:

MANAGER

Sara Bernstein, M.D.
10131 Forest Hill Blvd Suite 130
Wellington, FL 33414

MANAGER

Elizabeth Fernandez, M.D.
601 N Flamingo Rd Suite 305
Pembroke Pines, FL 33028

MANAGER

Miguel Martinez, M.D.
1951 SW 172nd Ave Suite 210
Miramar, FL 33029

MANAGER

Nigel A. Spier, M.D.
3990 Sheridan Street Suite 207
Hollywood, FL 33021

MANAGER

Lev D. Kandinov, M.D.
4001 N. 40th Ave.
Hollywood, FL, 33021

MANAGER

Shrusan Gray, M.D.
3990 Sheridan Street Suite 201
Hollywood, FL 33021

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HEALIX HEALTHCARE SERVICES, 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 TWENTIETH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HEALIX HEALTHCARE SERVICES, LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2017.

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




Jeffrey W. Bullock, Secretary of State

6608535 8300

SR# 20177681413

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

Authentication: 203797680

Date: 12-20-17