

Fax Cover Sheet

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From: Dr Victor Benerra
To: Detavica Simmons
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Pages: 2

Date: 2-27-18

RE:

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Thank You!

RECEIVED
FEB 28 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BENEZRA GYNECOLOGY, 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:

VICTOR BENEZRA
Name of Person
BENEZRA GYNECOLOGY, LLC
Firm/Company
650 South Riverside Drive
Address
INDIALANTIC, FL 32903
City/State and Zip Code
DRBENEZRA @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTOR BENEZRA at (305) 975-7407
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. BENEZRA GYNECOLOGY 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. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-4368281
(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. 650 SOUTH RIVERSIDE DRIVE
(Street Address of Principal Office)
INDIALANTIC, FL 32903

6. 650 SOUTH RIVERSIDE DRIVE
(Mailing Address)
INDIALANTIC

FILED
 FEB 28 AM 11:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Name: VICTOR BENEZRA

Office Address: 650 SOUTH RIVERSIDE DRIVE
INDIALANTIC, Florida 32903
(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.

Victor Benezra
(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>mgr</u> | <u>VICTOR BENEZRA</u> <u>650 SOUTH RIVERSIDE DRIVE</u> <u>INDIALANTIC, FL</u> <u>32903</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.

Victor Benezra
Signature of an authorized person

VICTOR BENEZRA
Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, KAREN L. WHEELER, ACTING SECRETARY OF STATE of the STATE OF WYOMING,
do hereby certify that according to the records of this office,

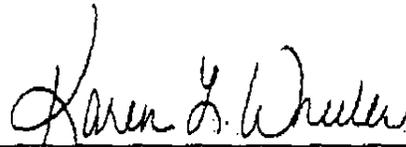
BENEZRA GYNECOLOGY LLC
is a
Limited Liability Company

formed or qualified under the laws of Wyoming did on **February 6, 2018**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2018-000788110**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 24th day of February, 2018 at 6:20 PM. This certificate is assigned 025653528.




Acting Secretary of State