

MIB000002420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

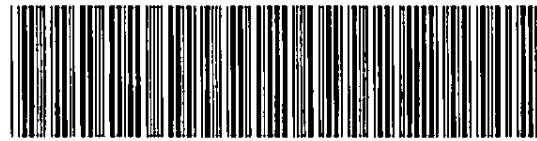
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2018 MAR -8 A 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/12/18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2018

DANIEL GLYNN  
2755 HARTLAND RD SUITE 204  
FALLS CHURCH, VA 22043

SUBJECT: DOMINION PLASTIC SURGERY, LLC  
Ref. Number: W18000013831

We have received your document for DOMINION PLASTIC SURGERY, 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.

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: 718A00002911

RECEIVED  
2018 MAR -8 AM 11:07  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Dominion Plastic Surgery, 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

Dominion Plastic Surgery, LLC

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

2010 MAR - 8 A 11: 0u  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

FILED

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. Dominion Plastic Surgery, 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 3. 82-1691256  
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

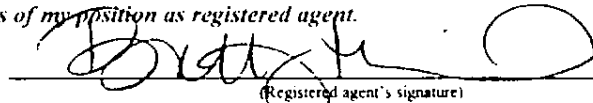
5. 2755 Hartland Rd. 6. 2755 Hartland Rd.  
(Street Address of Principal Office) (Mailing Address)  
Suite 300 Suite 300  
Falls Church, VA 22043 Falls Church, VA 22043

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

Name: Brittany Harrison  
Office Address: 5400 S. Williamson Blvd. #1-212  
Port Orange, Florida 32128  
(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.

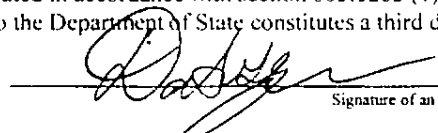
  
(Registered agent's signature)

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>Owner/Member</u>	<u>Vineet Mehan</u>		
	<u>2755 Hartland Rd., Suite 300</u>		
	<u>Falls Church, VA 22043</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  
Daniel Glynn  
Typed or printed name of signee

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF FACT

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

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

That the date of its organization is May 30, 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.

FILED  
2018 MAR - 8 A 11: 00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Signed and Sealed at Richmond on this Date:  
February 20, 2018*

*Joel H. Peck*

Joel H. Peck, Clerk of the Commission

