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Foreign Limited Liability Company
ONE GUSTAVE L. LEVY PLACE INDEPENDENT PRACTICE ASSOC

Certificate of Status	0
Certified Copy	1
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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. One Gustave L. Levy Place Independent Practice Association, 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. Alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. New York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. May 13, 2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1 Gustave L. Levy Place
(Street Address of Principal Office)
New York, NY 10029

6. 49 Music Square West, Suite 401
(Mailing Address)
Nashville, Tennessee 37203

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

Name: NRAI Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (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.

By: NRAI Services, Inc. Michael E. Jones Asst. Secretary
(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:
President	Travis Messina 49 Music Square W. Ste 401 Nashville, Tennessee 37203	Treasurer	Aaron Stein 49 Music Square W. Ste 401 Nashville, Tennessee 37203
Secretary	Niyum Gandhi 1 Gustave L. Levy Place New York, NY 10029		

(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.

Elisa Harris
Signature of an authorized person

Elisa Harris
Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that ONE GUSTAVE L. LEVY PLACE INDEPENDENT PRACTICE ASSOCIATION, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/08/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.

***

Witness my hand and the official seal of the Department of State at the City of Albany, this 18th day of May two thousand and eighteen.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

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