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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

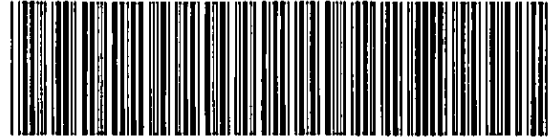
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DIVISION OF REVENUE

N. CAUSSEAU

JUL 16 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dr. Paul A. Pinon Jr D.O. PLLC
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:

John Golway CPA
Name of Person

Financial Designs Tax Services, LLC
Firm/Company

11225 College Blvd, # 300
Address

Overland Park, KS 66210
City/State and Zip Code

john@financialdesignsinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Golway CPA at (913) 965-6501
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. Dr. Raul A. Pinon Jr, D.O. PLLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(change PLLC to LLC if necessary)
2. Mississippi
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 47-4335545
(FEI number, if applicable)

4. 6/26/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4609 W Pinto Loop
(Street Address of Principal Office)
Beverly Hills, FL 34465

6. Attn: John Galwey, CPA
(Mailing Address)
11225 College Blvd, # 300
Overland Park, KS 66210

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

Name: Raul Pinon

Office Address: 4609 W Pinto Loop
Beverly Hills Florida 34465
(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.

Raul Pinon
(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:
<u>OWNER</u>	<u>Raul Pinon</u> <u>4609 W Pinto Loop</u> <u>Beverly Hills, FL 34465</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.

Raul Pinon
Signature of an authorized person

Raul Pinon
Typed or printed name of signer



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

DR. RAUL A. PINON JR, D.O. PLLC

Registered the 22nd day of June, 2015

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

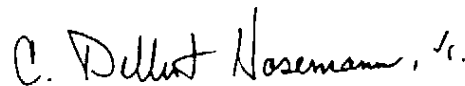
460 Briarwood Drive, Suite 100
Jackson, MS 39206

And that the registered agent at that address is:

United States Corporation Agents, Inc.

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 26th day of June, 2018



C. DELBERT HOSEMANN, JR.
Secretary of State

2018 JUL -5 PM 8:44
SECRETARY OF STATE
JACKSON, MISSISSIPPI

Certificate Number: CN18053817

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>