

M 18 000007631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

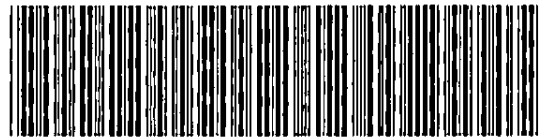
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

00623 W18-74494

Office Use Only



200317203432

2018 AUG 15 AM 11:00

RECEIVED
AUG 15 2018
11:00 AM

18 AUG 15 PM 4:29

RECEIVED

T. CLINE

AUG 20 2018

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2018

CSC
ROXANNE

RESUBMIT

Please give original
submission date as file date.

SUBJECT: INTUITIVE INTERVENTIONS LLC
Ref. Number: W18000074494

We have received your document for INTUITIVE INTERVENTIONS LLC and the authorization to debit your account in the amount of \$. However, the document has not been filed and is being returned for the following:

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 818A00017001

2018 AUG 19 AM 11:00

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

18 AUG 17 PM 2:53

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

ACCOUNT NO. : I20000000195

REFERENCE : 350777 7838690

AUTHORIZATION :

COST LIMIT : \$ 130.00

ORDER DATE : August 15, 2018

ORDER TIME : 3:37 PM

ORDER NO. : 350777-010

CUSTOMER NO: 7838690

FOREIGN FILINGS

NAME: INTUITIVE INTERVENTIONS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

2018 AUG 15 AM 11:00

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Intuitive Interventions 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:

Karina DuQuesne, Esq.

Name of Person

c/o DLA Piper LLP (US)

Firm/Company

200 South Biscayne Blvd Suite 2500

Address

Miami, Florida 33130

City/State and Zip Code

christian@biophi.life

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian Seale

305
at ()

912-3516

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

2003 AUG 15 AM 11:00

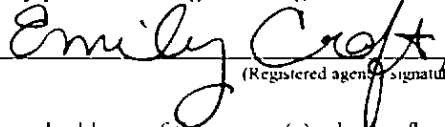
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

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. Intuitive Interventions LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")
- (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 "L.L.C.")
2. Delaware 3. 82-3846778
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. January 3, 2018
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1800 Purdy Avenue #2212 6. 1800 Purdy Avenue #2212
(Street Address of Principal Office) (Mailing Address)
Miami Beach, FL 33139 Miami Beach, FL 33139
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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) **Emily Croft**
Asst. Vice President

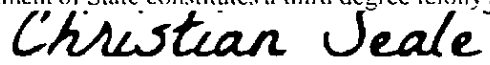
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>CEO</u>	<u>Abhinav Gautam, M.D.</u> <u>1800 Purdy Avenue #2212</u> <u>Miami Beach, FL 33139</u>		
<u>President</u>	<u>Christian Seale</u> <u>1800 Purdy Avenue #2212</u> <u>Miami Beach, FL 33139</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

Christian Seale

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INTUITIVE INTERVENTIONS 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 FIFTEENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INTUITIVE INTERVENTIONS LLC" WAS FORMED ON THE THIRD DAY OF JANUARY, A.D. 2018.

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

6692148 8300

SR# 20186190056

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

Authentication: 203253781

Date: 08-15-18