

M19000000365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

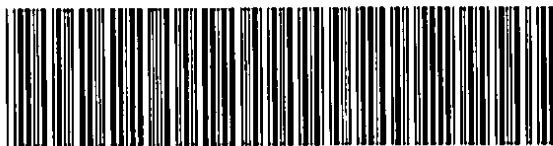
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W18-102477
JUS CC

Office Use Only



900320389879

Fcc

M19-365

11/06/18--01006--023 **155.00

RECEIVED

NOV 05 2018

2019 JAN 10 PM 12:00

FILED
STANDARD
1/10/2019

N. CAUSSEAU

JAN 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Axiva Infusion Centers, 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:

Colleen Stacy Shapiro

Name of Person

Axiva Infusion Centers, LLC

Firm/Company

3420 Fairlane Farms Road, Suite 200

Address

Wellington, FL

City/State and Zip Code

sshapiro@nfelle.com

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

For further information concerning this matter, please call:

Stacy Shapiro

561

955-0920

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2018

COLLEEN STACY SHAPIRO
AXIVA INFUSION CENTERS, LLC
3420 FAIRLANE FARMS RD, SUITE 200
WELLINGTON, FL 33414

SUBJECT: AXIVA INFUSION CENTERS, LLC
Ref. Number: W18000102479

We have received your document for AXIVA INFUSION CENTERS, LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

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.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Brenda L Vorisek
Director

Letter Number: 918A00024181

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. Axiva Infusion Centers, 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. Delaware 3. pending
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 3420 Fairlane Farms Road
(Street Address of Principal Office)
Wellington, FL 33414

6. PO Box 273369
(Mailing Address)
Boca Raton, FL 33427

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

Name: Colleen Stacy Shapiro

Office Address: 3420 Fairlane Farms Road

Wellington, Florida 33414
(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.

Colleen S Shapiro
(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>MGRM</u>	<u>Colleen Shapiro</u>		
	<u>3420 Fairlane Farms Rd, Suite 200</u>		
	<u>Wellington FL 33414</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.

Colleen S Shapiro
Signature of an authorized person

Colleen S Shapiro

Typed or printed name of signee

2019 JAN 10 PM 12:00
RECEIVED
STATE OF FLORIDA
DEPARTMENT OF STATE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AXIVA INFUSION CENTERS, 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 NINTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AXIVA INFUSION CENTERS, LLC" WAS FORMED ON THE FOURTH DAY OF SEPTEMBER, A.D. 2018.

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

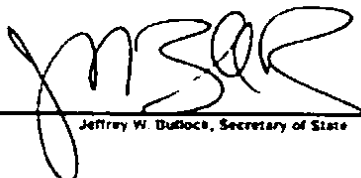
2019 JAN 10 PM 12:00
SECRETARY'S OFFICE
DELAWARE



7043461 8300

SR# 20190158808

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


Jeffrey W. Bullock, Secretary of State

Authentication: 202047885

Date: 01-09-19