

1119000006798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

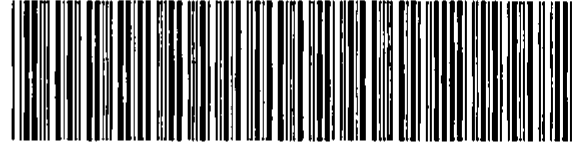
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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D. BRUCE
JUL 15 2019

July 2, 2019

Via FedEx

Division of Corporations
Attn: Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: AW Metropolitan Medical Park, LLC


Dear Registration Section:

Enclosed please find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above-referenced Delaware limited liability company. As required, a certified copy of the entity's Certificate of Status is enclosed, together with this firm's check in the amount of \$160.00 in payment of the filing and certified copy fees. Please return the certified copy of the Authorization to Transact Business and Certificate of Status in the enclosed return FedEx envelope at your earliest possible opportunity.

Should you have any questions regarding the enclosed, please don't hesitate to contact me.

Sincerely,

JONES FOSTER P.A.

By 
Cynthia "Cindy" F. Skwierc
Florida Registered Paralegal

Enclosures

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TALLAHASSEE FL 32304

E S T .
1 9 2 4

cskwierc@jonesfoster.com
561-650-8241 T
561-650-5300 F

4741 Military Trail
Suite 200
Jupiter
Florida 33458

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. AW Metropolitan Medical Park, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-2279186

(FEI number, if applicable)

4. _____

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

5. 11780 U.S. Highway 1, Suite 305

(Street Address of Principal Office)

6. 11780 U.S. Highway 1, Suite 305

(Mailing Address)

North Palm Beach, FL 33408

North Palm Beach, FL 33408

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

Name: Jones Foster Service, LLC

Office Address: 505 South Flagler Drive, Suite 1100

West Palm Beach

(City)

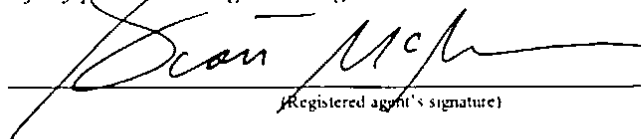
Florida

33401

(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)

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TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☐ Manager Name: Brian K. Waxman

☐ Member Address: 11780 U.S. Highway One

☒ Authorized Suite 305

Person North Palm Beach, FL 33408

☐ Other ☐ Other

☐ Manager Name: Scott L. McMullen, Esquire

☐ Member Address: 4741 Military Trail, Suite 200

☒ Authorized Jupiter, FL 33458

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

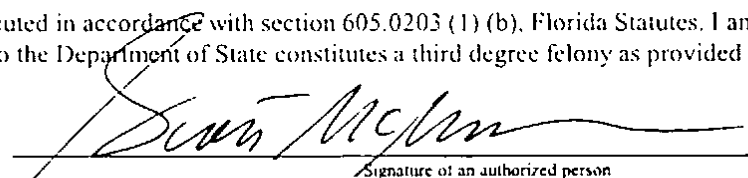
Person

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Scott L. McMullen, Esquire

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 "AW METROPOLITAN MEDICAL PARK, 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 FIRST DAY OF JULY, A.D. 2019.



7491989 8300

SR# 20195725333

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203132830

Date: 07-01-19