

Page 5  
23/20  
55.0  
Division of Corporations  
Florida Department of State  
Division of Corporations  
Website Filing Services

# N190000253863

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000253863 3))



H190002538633ABC4

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

2019 AUG 23 PM 4:38  
TAMPA, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
Clearway Surgery Center of Crestview, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

19 AUG 23 2:11:10

Electronic Filing Menu

Corporate Filing Menu

Help

Y SCOTT

AUG 26 2019

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. Clearway Surgery Center of Crestview, 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. (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. 600 Lexington Avenue, 12th Floor (Street Address of Principal Office)
New York, NY 10022
6. 600 Lexington Avenue, 12th Floor (Mailing Address)
New York, NY 10022

2019 AUG 23 PM 4:38

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324

Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company as 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: C T Corporation System Angel Shearer Assistant Secretary

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: Deborah Origer

Member        Address: 2114 Airport Blvd, Suite 1400

Authorized      Pensacola, FL 32504

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager      Name: Jessica Sorsby

Member        Address: 2114 Airport Blvd, Suite 1400

Authorized      Pensacola, FL 32504

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 \_\_\_\_\_

TELETYPE UNIT  
 119 AUG 23 PM 4:38  
 FEDERAL BUREAU OF INVESTIGATION

**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.

Jessica Sorsby - Schlenbach  
 Signature of an authorized person

Jessica Sorsby - Schlenbach  
 Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLEARWAY SURGERY CENTER OF CRESTVIEW, 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 TWENTY-THIRD DAY OF AUGUST, A.D. 2019.

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

2019 AUG 23 PM 4:38  
DELAWARE



*Jeffrey W. Bullock*  
Jeffrey W. Bullock, Secretary of State

7499832 8300

SR# 20196678677

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203463117

Date: 08-23-19