

N20000002543

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

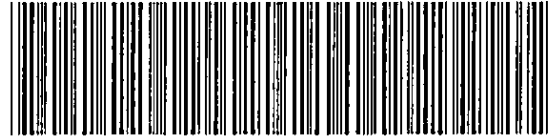
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400341450664

FILED  
2020 MAR -5 PM 4:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 MAR -5 PM 3:48  
TALLAHASSEE, FLORIDA

45

✓

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

ACCOUNT NO. : I20000000195

REFERENCE : 202492 7558733

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : March 4, 2020

ORDER TIME : 11:01 AM

ORDER NO. : 202492-005

CUSTOMER NO: 7558733

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 MAR -5 PM 4:40

FILED

FOREIGN FILINGS

NAME: AW BOCA CLINIC, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: \_\_\_\_\_

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 Boca Clinic, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Delaware 3. Applied For  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. March 4, 2020  
(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 6. 11780 U.S. Highway 1, Suite 305  
(Street Address of Principal Office) (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 S. Flagler Drive, Suite 1100

West Palm Beach 33401  
(City) , Florida (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.

Scott McNeil  
(Registered agent's signature)

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]:

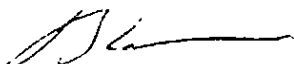
| <u>Title or Capacity:</u>                                  | <u>Name and Address:</u>                   | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|------------------------------------------------------------|--------------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager                           | Name: <u>Brian K. Waxman</u>               | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                            | Address: <u>11780 U.S. Highway 1, #305</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized                        | <u>North Palm Beach, FL 33408</u>          | <input type="checkbox"/> Authorized  | _____                                |
| Person                                                     | _____                                      | Person                               | _____                                |
| <input checked="" type="checkbox"/> Other <u>President</u> | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | _____                                |
| <input type="checkbox"/> Manager                           | Name: _____                                | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                            | Address: _____                             | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized                        | _____                                      | <input type="checkbox"/> Authorized  | _____                                |
| Person                                                     | _____                                      | Person                               | _____                                |
| <input type="checkbox"/> Other _____                       | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager                           | Name: _____                                | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member                            | Address: _____                             | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized                        | _____                                      | <input type="checkbox"/> Authorized  | _____                                |
| Person                                                     | _____                                      | Person                               | _____                                |
| <input type="checkbox"/> Other _____                       | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

FILED  
 2020 MAR -5 PM 4:40  
 DEPT. OF STATE  
 TALLAHASSEE, FLORIDA

**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  
 Brian K. Waxman  
 \_\_\_\_\_  
 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 "AW BOCA CLINIC, 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 FIFTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AW BOCA CLINIC, LLC" WAS FORMED ON THE FOURTH DAY OF MARCH, A.D. 2020.


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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2020 MAR -5 PM 4:40

FILED



  
Jeffrey W. Bullock, Secretary of State

7883161 8300

SR# 20201944778

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

Authentication: 202523715

Date: 03-05-20