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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****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
Atlantix Care Holdings LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

RECEIVED

2020 APR 22 PM 4:44

APR 23 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Atlantix Care Holdings 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:

Christina T. Rodriguez

Name of Person

Haynes and Boone, LLP

Firm/Company

2323 Victory Avenue, Suite 700

Address

Dallas, Texas 75219

City/State and Zip Code

luis@healthleticsholdings.com

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

For further information concerning this matter, please call:

Luis Fernandez

Name of Contact Person

at (772)

Area Code

214.7591

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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. Atlantix Care Holdings 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. 85-0562354
(FBI 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. 255 Giralda Ave.
(Street Address of Principal Office)

6. 255 Giralda Ave.
(Mailing Address)

Coral Gables, Florida 33134

Coral Gables, Florida 33134

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

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue, 2nd Floor

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.

Kim Tadlock

Kim Tadlock, Asst. Sec. on behalf
of Capitol Corporate Services, Inc.

(Registered agent's signature)

FILED
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TALLAHASSEE, FLORIDA

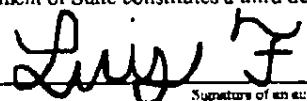
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Luis Fernandez</u>	<input type="checkbox"/> Manager	Name: <u>Robert Coston</u>
<input type="checkbox"/> Member	Address: <u>255 Giralda Ave.</u>	<input type="checkbox"/> Member	Address: <u>255 Giralda Ave.</u>
<input type="checkbox"/> Authorized Person	<u>Coral Gables, Florida 33134</u>	<input type="checkbox"/> Authorized Person	<u>Coral Gables, Florida 33134</u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Chief Financial Officer</u>	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Neil Flanzraich</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Mark Silverman</u>
<input type="checkbox"/> Member	Address: <u>255 Giralda Ave.</u>	<input type="checkbox"/> Member	Address: <u>255 Giralda Ave.</u>
<input type="checkbox"/> Authorized Person	<u>Coral Gables, Florida 33134</u>	<input type="checkbox"/> Authorized Person	<u>Coral Gables, Florida 33134</u>
<input checked="" type="checkbox"/> Other <u>Chairman</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>John Piazza Jr.</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Kurtis Wolff</u>
<input type="checkbox"/> Member	Address: <u>255 Giralda Ave.</u>	<input type="checkbox"/> Member	Address: <u>255 Giralda Ave.</u>
<input type="checkbox"/> Authorized Person	<u>Coral Gables, Florida 33134</u>	<input type="checkbox"/> Authorized Person	<u>Coral Gables, Florida 33134</u>
<input checked="" type="checkbox"/> Other <u>Chief Executive Officer</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Luis Fernandez
Typed or printed name of signer

April 22, 2020

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATLANTIX CARE HOLDINGS 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-FIRST DAY OF APRIL, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ATLANTIX CARE HOLDINGS LLC" WAS FORMED ON THE SIXTH DAY OF FEBRUARY, A.D. 2020.

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



7838464 8300

SR# 20203030916

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

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

Authentication: 202804711

Date: 04-21-20