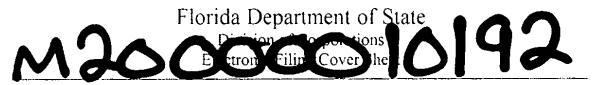
Division of Corporations



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(((H200003886913)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (614)290-3338
Fax Number : (954)208-0845

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 PMA III, LLC

Certificate of Status	0
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Page Count	0.4
Estimated Charge	\$155.00

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2028 NOV

Help

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To:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05,002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TOTTRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name mayatlable, enter alternate n	canc adopted for the purpose of transacting business in Fl	onda. Hie alterne	ite name musi include "Limited Lisbili	ty Company," "L L.C."	or "LLC.")
Delaware 2. Historiction under the law of w	luch foreign limited liability company is organized;	3	if El number, i	f applicable)	
4.	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	repastration }	9)		
Attention: Rohan Kha 5	nna		ention: Rohan Khanna (Mailing Address)	_	
11049 Bridge House R	d	110	49 Bridge House Rd	 	
Windermere, FL 34786	<u> </u>	Wir	ndermere, FL 34786		
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accep	ntable)	TA'S	.
Name:	CT Corporation System	_	_	ALLIVILAS SECRETARIAS ALLIVILAS	7
Office Address:	1200 South Pine Island Road	_	_	m_{i}^{2}	1
	Plantation (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.

Stephanie Hencz, assistant secretary

(Registered install's signature)

Title or Capacity:	Name and Address:	Title or Capacity:	<u>N</u> 1	ame and Address:
■Manager	Name:Dinesh Khanna, M.D.	∃Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized	Windermere, FL 34786	□ Authorized		
Person		Person		
□Other	□ Other	Other		lOther
∃Manager	Name:	∐Manager	Name:	
□Member	Address:	Z Member		
□Authorized		□Authorized		
Person		Person		
□Other	□ Other	□Other	=	10ther
□Manager	Name:	_ Manager	Name:	
□Member	Address:	☐ Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
☐ Other	Other	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.

	Wille	
	Signature an authorized person	
Dinesh Khanna, M.D.		
	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 "PMA III, 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 NOVEMBER, A.D. 2020.

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

Authentication: 204040545

Date: 11-09-20

TO	
COMPANY	
FAXNUMBER	18506176383
FROM	Meghan Smith
DATE	11/9/20204:20:08 PM PST
RE	(((H20000388692 3))) Amendment - LZ Order #541816519

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