

TJAC FOUNTAINS, LLC
6909 SW 18TH STREET, SUITE A-103
BOCA RATON, FL 33433

January 4, 2021

VIA FEDERAL EXPRESS

Kyle D. Brumbley
Division of Corporations
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

Re: Qualification of Newly Converted Delaware Entity from Previous
Florida Entity – Boca Medical Plaza, LLC

Dear Mr. Brumbley:

I am the manager of TJAC Fountains, LLC, the manager of TJAC Boca, LLC, which is the manager of Boca Medical Plaza, LLC, bearing the previous Florida Document Number: L11000135381 ("Document Number"). We recently converted this entity to a Delaware entity on December 1, 2020 (copies of the conversion documents were sent to you together with our Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida on December 9, 2020 ("Application")).


On December 10, 2020 the Application was rejected by Florida Department of State due to the similar name of the foreign entity and the above-referenced entity and Document Number.

Please allow this correspondence to serve as my authorization of to release the name to be used for the foreign entity. We have no intention to revoke the Dissolution that was submitted on December 4, 2020.

Should you have any questions, please feel free to contact our counsel, Alex Kurkin at (305) 929-8503.

Sincerely,

TJAC FOUNTAINS, LLC


Zvi Schwarzman,
Manager

Enclosures

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. Boca Medical Plaza, 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. November 30, 2011
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7100 West Camino Real
(Street Address of Principal Office)
Suite 302-01
Boca Raton, FL 33434

6. 7100 West Camino Real
(Mailing Address)
Suite 302-01
Boca Raton, FL 33434

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

Name: Alex Kurkin
Office Address: 18851 NE 29th Avenue, Suite 303
Aventura, FL _____, Florida 33180
(City) (Zip code)

2020 DEC 11 PM 2:49
FILED
APPROVED
AND

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)

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: TJAC Boca, LLC

Member Address: 7355 Mandarin Drive

Authorized Boca Raton, FL 33433

Person _____

Other _____ Other _____

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

Manager Name: Zvi Schwarzman

Member Address: 7355 Mandarin Drive

Authorized Boca Raton, FL 33433

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

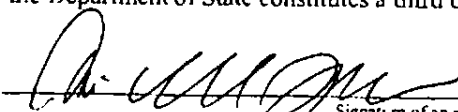
Person _____

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

Zvi Schwarzman

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BOCA MEDICAL PLAZA, 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 DECEMBER, A.D. 2020.



4301014 8300

SR# 20208527543

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

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

Authentication: 204201983

Date: 12-01-20