

1/14/2021

Division of Corporations

Florida Department of State
Division of Corporations
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**Foreign Limited Liability Company
Winston Healthcare, LLC**

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

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Electronic Filing Menu

Corporate Filing Menu

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

IN COMPLIANCE WITH SECTION 605.042, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Winston Healthcare, LLC

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

WHC Services, 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")

Delaware

85-2495693

2. _____
(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 (604 & 605 (605), F.S., to determine penalty liability)

601 Heritage Dr., Suite 150, Jupiter, FL 33458

601 Heritage Dr., Suite 150, Jupiter, FL 33458

5. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

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

Name: Frank J. Braider III

Office Address: 601 Heritage Dr., Suite 150

Jupiter, Florida 33458
(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.

/s/ Frank J. Braider III

(Registered agent's signature)

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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>Frank X. Cid</u>	<input type="checkbox"/> Manager	Name: <u>Gary Schweitzer</u>
<input type="checkbox"/> Member	Address: <u>601 Heritage Dr., Suite 150</u>	<input type="checkbox"/> Member	Address: <u>601 Heritage Dr., Suite 150</u>
<input checked="" type="checkbox"/> Authorized	<u>Jupiter, FL 33458</u>	<input checked="" type="checkbox"/> Authorized	<u>Jupiter, FL 33458</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Frank J. Braider III</u>	<input type="checkbox"/> Manager	Name: <u>Winston Healthcare Holdings, LLC</u>
<input type="checkbox"/> Member	Address: <u>601 Heritage Dr., Suite 150</u>	<input checked="" type="checkbox"/> Member	Address: <u>601 Heritage Dr., Suite 150</u>
<input checked="" type="checkbox"/> Authorized	<u>Jupiter, FL 33458</u>	<input type="checkbox"/> Authorized	<u>Jupiter, FL 33458</u>
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 _____

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.

/s/ Frank J. Braider III

Signature of an authorized person

Frank J. Braider III

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 "WINSTON HEALTHCARE, 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 FOURTEENTH DAY OF JANUARY, A.D. 2021.

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

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA



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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: 202289932

Date: 01-14-21