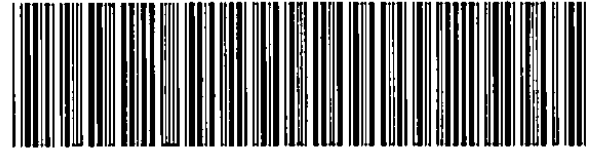


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

08/27/21--01011--019 **125.1

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TALLAHASSEE, FLORIDA

809811
-1200

✓

COVER LETTER

TO: Registration Section
Division of Corporations

28 SEP -7 AM 10:57

SUBJECT: ROSE MEDIAL ASSOCIATES PLLC

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:

SUSHMA S. HIRANI

Name of Person

ROSE MEDICAL ASSOCIATES PLLC

Firm/Company

2944 HUNTER MILL ROAD, SUITE 101

Address

OAKTON, VA 22124

City/State and Zip Code

SANJAY@ROSEWELLNESS.COM

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

For further information concerning this matter, please call:

SANJAY HIRANI

703

334-1548

Name of Contact Person

at ()

Area Code

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2021

SUSHMA S HIRANI
2944 HUNTER MILL RD STE 101
OAKTON, VA 22124

SUBJECT: ROSE MEDICAL ASSOCIATES PLLC
Ref. Number: W21000118608

We have received your document for ROSE MEDICAL ASSOCIATES PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 721A00020900

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:

ROSE MEDICAL ASSOCIATES PLLC

1. _____
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

ROSE MEDICAL ASSOCIATES 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."

VIRGINIA

86-1406349

2. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

NONE

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

2944 HUNTER MILL ROAD

2944 HUNTER MILL ROAD

5. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

SUITE 101

SUITE 101

OAKTON, VA 22124

OAKTON, VA 22124

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

Name: URS AGENTS, LLC

Office Address: 3458 Lakeshore Dr

Tallahassee, Florida 32312
(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.

URS Agents, LLC

By: Amy Purdy Amy Purdy, Assistant Secretary
(Registered agent's signature)

FILED
21 SEP - 7 AM 10:04
TALLAHASSEE, FLORIDA
CLERK OF STATE

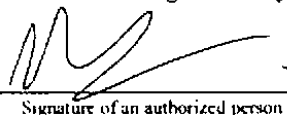
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>SUSHMA S. HIRANI</u>	<input type="checkbox"/> Manager	Name: <u>SANJAY HIRANI</u>
<input checked="" type="checkbox"/> Member	Address: <u>2944 HUNTER MILL RD</u>	<input checked="" type="checkbox"/> Member	Address: <u>2944 HUNTER MILL</u>
<input type="checkbox"/> Authorized	<u>SUITE 101</u>	<input type="checkbox"/> Authorized	<u>SUITE 101</u>
Person	<u>OAKTON, VA 22124</u>	Person	<u>OAKTON, VA 22124</u>
<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 _____
 <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. No 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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

SUSHMA S. HIRANI

Typed or printed name of signee

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

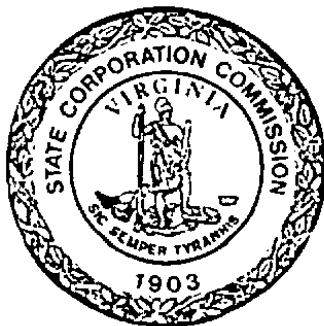
I Certify the Following from the Records of the Commission:

That Rose Medical Associates PLLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on January 6, 2021; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

August 18, 2021

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission