

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: corporate@zkslawfirm.com

Foreign Limited Liability Company
CENTER FOR REPRODUCTIVE MEDICINE, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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| Page Count | 05 |
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2021 SEP 16 PM 12:16

ALLAHASSEE, FLORIDA

2021 SEP 16 PM 12:18

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Corporate Filing Menu

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CENTER FOR REPRODUCTIVE MEDICINE, 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:

CHRISTINE L. WEINGART, ESQUIRE
Name of Person

ZIMMERMAN, KISER & SUTCLIFFE, P.A.
Firm/Company

315 E. ROBINSON STREET, SUITE 600
Address

ORLANDO, FLORIDA
City/State and Zip Code

CORPORATE@ZKSLAWFIRM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| | | |
|-------------------------------------|------------------|--------------------------|
| Jessica Snyder, Corporate Paralegal | 407 | 425-7010 |
| _____ | at (_____) _____ | _____ |
| Name of Contact Person | 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

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. CENTER FOR REPRODUCTIVE MEDICINE, 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. 59-2542546
(FEI number, if applicable)

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

5. 1500 S. ORLANDO AVE, STE 200
(Street Address of Principal Office)

6. 1500 S. ORLANDO AVE, STE 200
(Mailing Address)

WINTER PARK, FL 32789

WINTER PARK, FL 32789

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

Name: CHRISTINE L. WEINGART, ESQUIRE

Office Address: 315 E. ROBINSON STREET, STE 600

ORLANDO, Florida 32801
(City) (Zip code)

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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.

Christine Weingart

(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: RANDALL ALAN LOY
☐ Member Address: 1500 S. ORLANDO AVE
☐ Authorized SUITE 200
 WINTER PARK, FL 32789
☐ Other _____ ☐ Other _____

☒ Manager Name: SEJAL PATEL
☐ Member Address: 1500 S. ORLANDO AVE
☐ Authorized SUITE 200
 WINTER PARK, FL 32789
☐ Other _____ ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:
☒ Manager Name: SHARON JAFFE
☐ Member Address: 1500 S. ORLANDO AVE
☐ Authorized SUITE 200
 WINTER PARK, FL 32789
☐ Other _____ ☐ Other _____

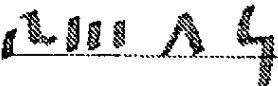
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

☐ 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

RANDALL ALAN LOY

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 "CENTER FOR REPRODUCTIVE MEDICINE, 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CENTER FOR REPRODUCTIVE MEDICINE, LLC" WAS FORMED ON THE TENTH DAY OF SEPTEMBER, A.D. 2021.

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



Jeffrey W. Bullock, Secretary of State

6227539 8300

SR# 20213248297

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

Authentication: 204160012

Date: 09-15-21