

md 100012380

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000348208 3)))



H210003482083ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2021 SEP 20 PM 1:04

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

From: Account Name : GERALD WEINBERG, P.C.  
Account Number : 120030000043  
Phone : (800)342-9856  
Fax Number : (800)354-3381

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

Email Address: \_\_\_\_\_

21 SEP 20 AM 10:39  
FILED

Foreign Limited Liability Company  
32 SURGICAL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

TK  
9/21/21

(H21000348208 3)

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

5. 4010 S. OCEAN DRIVE (Street Address of Principal Office)
UNIT 3909
HOLLYWOOD, FL 33019
6. 4010 S. OCEAN DRIVE (Mailing Address)
UNIT 3909
HOLLYWOOD, FL 33019

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

Name: ANTHONY CARNEMOLLA
Office Address: 4010 S. OCEAN DRIVE, UNIT 3909
HOLLYWOOD, Florida 33019
(City) (Zip code)

FILED
SEP 20 AM 10:39

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.

Anthony Carnemolla
(Registered agent's signature)

(H21000348208 3)

(H21000348208 3)

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 checked="" type="checkbox"/> Manager	Name: ANTHONY CARNEMOLLA	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 4010 S. OCEAN DRIVE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	UNIT 3909 HOLLYWOOD, FL 33019	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: AGUSTIN J. ARIETTA	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 9100 SW 63RD COURT	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	PINECREST, FL 33156	<input type="checkbox"/> Authorized Person	_____ _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: MATTHEW J. NALIPINSKI	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2852 MISSION LANE	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	LIVERMORE, CA 94550	<input type="checkbox"/> Authorized 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.

*Anthony Carnemolla*

Signature of an authorized person

ANTHONY CARNEMOLLA

Typed or printed name of signer

(H21000348208 3)

(H21000348208 3)

# Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "32 SURGICAL, 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 SEVENTEENTH DAY OF SEPTEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "32 SURGICAL, LLC" WAS FORMED ON THE FOURTEENTH DAY OF SEPTEMBER, A.D. 2021.

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



*[Handwritten Signature]*  
Jeffrey W. Bullock, Secretary of State

6234368 8300

SR# 20213277078

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 204187519

Date: 09-17-21

(H21000348208 3)