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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT☐ MAIL

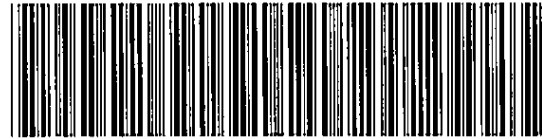
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 OCT 12 AM
SECRETARY
TALLAHASSEE, FL

100-100000

**The Law Office of
MICHAEL J. DALEY**

PLLC

1801 South 2nd Street.
Inter National Bank, Suite 370
Post Office Box 4313
McAllen, Texas 78502
Telephone (956)661-9992
Telefax (956)668-9159

Writer's Email:
md@michaeldaley.com

October 1, 2021

Secretary of State
Corporation New Filings
PO BOX 6327
TALLAHASSEE, FL 32314

RE: 4th ROCK MEDICAL, PLLC - REGISTRATION OF FOREIGN LLC

Dear Sirs:

Enclosed please find the following:

1. The Cover Letter and Firm check for \$160.00 to pay for the Registration costs with regular service requested.
2. The APPLICATION TO TRANSACT BUSINESS for the above described TEXAS PLLC.
3. The TEXAS CERT. OF STATUS for the above described ENTITY.

Please file all documents and send the Certificate of Registration to me at the above address.

Please contact me if you have any questions.

Sincerely,

Michael J. Daley

enc.

COVER LETTER

**TO: Registration Section
Division of Corporations**

4TH ROCK MEDICAL, PLLC

SUBJECT: _____
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:

MICHAEL J. DALEY

Name of Person

LAW OFFICE OF MICHAEL J. DALEY, PLLC

Firm/Company

PO BOX 4313

Address

MCALLEN, TEXAS 78502

City/State and Zip Code

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

For further information concerning this matter, please call:

MICHAEL J. DALEY

956

661-9992

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

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:

4TH ROCK MEDICAL, PLLC

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

4TH ROCK MEDICAL, 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.")

Texas

2. _____ 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

9-27-21

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

7901 4TH ST. N, SUITE 300

7901 4TH ST. N, SUITE 300

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

ST. PETERSBURG, FL 33702

ST. PETERSBURG, FL 33702

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

Northwest Registered Agent LLC

Name: _____

ST. PETERSBURG, FL 33702

Office Address: _____

ST. PETERSBURG

33702

_____, Florida _____
(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.



(Registered agent's signature)

FILED
2021 OCT 12 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FL

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: MICHAEL LOESCHE
1801 S. 2ND ST. SUITE 370
☐ Member Address: MCALLEN, TEXAS 78503
☐ Authorized
Person
☐ Other ☐ Other

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

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

Title or Capacity: **Name and Address:**
☒ Manager Name: BENJAMIN MORMANN
1801 S. 2ND ST. SUITE 370
☐ Member Address: MCALLEN, TEXAS 78503
☐ Authorized
Person
☐ Other ☐ Other

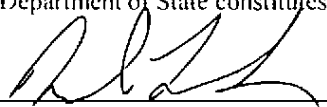
☐ Manager Name:
☐ Member Address:
☐ Authorized
Person
☐ Other ☐ Other

☐ 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

MICHAEL LOESCHE, MANAGER

Typed or printed name of signee

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jose A. Esparza
Deputy Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for 4TH ROCK MEDICAL, PLLC (file number 804201576), a Domestic Limited Liability Company (LLC), was filed in this office on August 23, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 30, 2021.



A handwritten signature of Jose A. Esparza, consisting of stylized initials and a long horizontal stroke.

Jose A. Esparza
Deputy Secretary of State