

M22000000791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

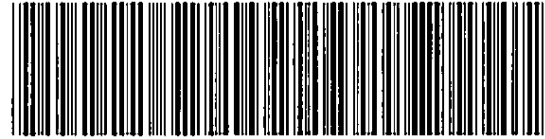
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900378618219

RECEIVED  
2022 JAN 14 PM 2:51  
TALLAHASSEE, FLORIDA  
STATE  
AM 9:30

S. HAWKES  
JAN - 2021

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956

Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 1/14/2022

**PRIORITY** Regular Approval

**OUR REF.# (Order ID#)** 988879

**ORDER ENTITY**

PALM BEACH REGIONAL OPCO, LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

**PALM BEACH REGIONAL OPCO, LLC ( FL )**

File the attached foreign qualification document and provide a certified copy.

**NOTES:**

\$155.00 Authorized

Email address for annual report reminders: Anita@delaneycorporate.com ✓

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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. Palm Beach Regional Opco, 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. 505 Park Avenue
(Street Address of Principal Office)
Suite 1700
New York, NY 10022

6. 505 Park Avenue
(Mailing Address)
Suite 1700
New York, NY 10022

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

Name: National Registered Agents, Inc.
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

RECEIVED
TALLAHASSEE, FL
2002 JUN 14 AM 9:30

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)

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: <u>Feliks Kogan</u>                      | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member             | Address: <u>505 Park Avenue</u>                | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized Person  | <u>Suite 1700</u><br><u>New York, NY 10022</u> | <input type="checkbox"/> Authorized Person | _____<br>_____                       |
| <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 Person  | _____<br>_____                                 | <input type="checkbox"/> Authorized Person | _____<br>_____                       |
| <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 Person  | _____<br>_____                                 | <input type="checkbox"/> Authorized Person | _____<br>_____                       |
| <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.

*Michael C. Foster*

\_\_\_\_\_  
Signature of an authorized person

Michael C. Foster, Esq.

\_\_\_\_\_  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALM BEACH REGIONAL OPCO, 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 THIRTEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALM BEACH REGIONAL OPCO, LLC" WAS FORMED ON THE SEVENTH DAY OF JANUARY, A.D. 2022.

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



6527155 8300

SR# 20220122562

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://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: 202394633

Date: 01-13-22