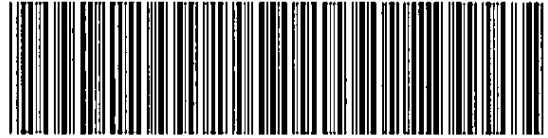


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02/16/22--01003--009 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

FEB 16 2022
K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ilna Brown Hospitalist, 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:

Ilna Brown

Name of Person

Ilna Brown Hospitalist, PLLC

Firm/Company

1638 Balihai Court

Address

Gulf Breeze, FL 32563

City/State and Zip Code

ilonatev@yahoo.com

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

For further information concerning this matter, please call:

Ilna Brown

Name of Contact Person

at (210) 589-8171

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 605.042, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Ilona Brown Hospitalist, PLLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

Ilona Brown Hospitalist Professional LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

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

4. March 1, 2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.044 & 605.045, F.S. to determine penalty liability)

5. 1638 Balihai Court
(Street Address of Principal Office)
Gulf Breeze, FL 32563

6. 1638 Balihai Court
(Mailing Address)
Gulf Breeze, FL 32563

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

Name: Ilona Brown

Office Address: 1638 Balihai Court

Gulf Breeze, Florida 32563
(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.

Ilona Brown
(Registered agent's signature)

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APPROVED
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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>Iiona Brown</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1638 Balihai Court</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Gulf Breeze, FL 32563</u>	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<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.



Signature of an authorized person

Iiona Brown
Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (PROFESSIONAL LIMITED LIABILITY COMPANY)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

ILONA BROWN HOSPITALIST PLLC

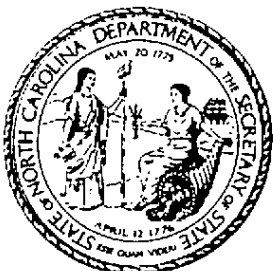
is a professional limited liability company duly formed under the laws of the State of North Carolina, having been formed on 8th day of February, 2022.

I FURTHER certify that, as of the date of this certificate, (i) the said professional limited liability company is not dissolved under the terms of its articles of organization, (ii) the said professional limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said professional limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of February, 2022.

Elaine F. Marshall

Secretary of State



Scan to verify online.