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U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

FEB 21 2022

U.S. DISTRICT COURT

HUSCH BLACKWELL

Katie Buster
Senior Paralegal

111 Congress Avenue, Suite 1400
Austin, TX 78701
Direct: 512.479.9775
Fax: 512.479.1101
katie.buster@huschblackwell.com

February 8, 2022

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
The Center of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Cardiovascular Surgical Institute of NW Florida, LLC – Application by Foreign
Limited Liability Company for Authorization to Transact Business in Florida


Dear Sir or Madam:

Enclosed for filing with your office, please find two copies of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and the Certificate of Status issued by Texas Secretary of State.

Also enclosed is a check made payable to Florida Department of State for payment of the filing fee and certified copy fee. Please return a file-stamped copy of the above-referenced document to me at the address listed above, via email at katie.buster@huschblackwell.com, or via facsimile at (512) 479-1101.

If you have any questions, please do not hesitate to contact me.

Yours very truly,



Katie Buster

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cardiovascular Surgical Institute of NW Florida, 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:

Katie Buster

Name of Person

Husch Blackwell

Firm/Company

111 Congress Avenue, Suite 1400

Address

Austin, Texas 78701

City/State and Zip Code

jaredl@arisevascular.com

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

For further information concerning this matter, please call:

Katie Buster

512

479-9775

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 605.0302, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Cardiovascular Surgical Institute of NW Florida, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. Texas
(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 603.0904 & 603.0905, F.S. to determine penalty liability)

5. 13830 Sawyer Ranch Road
(Street Address of Principal Office)

Suite 105

Dripping Springs, Texas 78620

6. 13830 Sawyer Ranch Road
(Mailing Address)

Suite 105

Dripping Springs, Texas 78620

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

Olga Hinkel

Olga Hinkel, VP

(Registered agent's signature)

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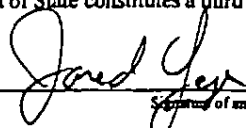
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Arise Vascular, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Jared Leger</u>
<input type="checkbox"/> Member	Address: <u>13830 Sawyer Ranch Rd.</u>	<input type="checkbox"/> Member	Address: <u>13830 Sawyer Ranch Rd.</u>
<input type="checkbox"/> Authorized	<u>Suite 105</u>	<input checked="" type="checkbox"/> Authorized	<u>Suite 105</u>
Person	<u>Dripping Springs, Texas 78620</u>	Person	<u>Dripping Springs, Texas 78620</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Amir Haghighat, M.D.</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Samir Patel, M.D.</u>
<input type="checkbox"/> Member	Address: <u>625 West Baldwin Road, Ste C</u>	<input type="checkbox"/> Member	Address: <u>625 West Baldwin Road, Ste C</u>
<input type="checkbox"/> Authorized	<u>Panama City, FL 32406</u>	<input type="checkbox"/> Authorized	<u>Panama City, FL 32406</u>
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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
Jared Leger

Typed or printed name of signee

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



John B. Scott
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Cardiovascular Surgical Institute of NW Florida, LLC (file number 804411306), a Domestic Limited Liability Company (LLC), was filed in this office on January 21, 2022.

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 February 07, 2022.



A handwritten signature of John B. Scott, consisting of a stylized 'J' and 'S'.

John B. Scott
Secretary of State