

M23000001962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

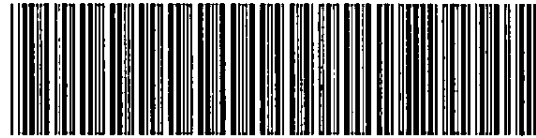
(Document Number)

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

Special Instructions to Filing Officer:

W23000016035

Office Use Only



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01/23/23--01012--006 \*\*125.00

APPROVED  
AND  
FILED  
2023 FEB 13 PM 3:55  
MADISON, WISCONSIN

FEB 14 2023  
K. Brumby



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2023

AMANDA HOWARD  
151 NW 1ST AVENUE  
DELRAY BEACH, FL 33444

SUBJECT: D. MAX FELLARS DDS PLLC  
Ref. Number: W23000016035

We have received your document for D. MAX FELLARS DDS PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Yvette Scott  
Supervisor

Letter Number: 523A00002831

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** D. MAX FELLARS DDS 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:

Amanda Howard

\_\_\_\_\_  
Name of Person

Florida Healthcare Law Firm

\_\_\_\_\_  
Firm/Company

151 NW 1st Avenue

\_\_\_\_\_  
Address

Delray Beach, FL 33444

\_\_\_\_\_  
City/State and Zip Code

ahoward@floridahealthcarelawfirm.com

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

For further information concerning this matter, please call:

Amanda Howard

561  
at (\_\_\_\_\_) \_\_\_\_\_

455-7700

\_\_\_\_\_  
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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. D. MAX FELLARS DDS PLLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

D. MAX FELLARS DDS 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," "L.L.C.," or "LLC.")

2. NEVADA 47-3821568  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. LLC has not transacted business in Florida.  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 6244 Woodhaven Village Drive 6. 6244 Woodhaven Village Drive  
(Street Address of Principal Office) (Mailing Address)  
Port Orange, Florida 32128 Port Orange, Florida 32128

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

Name: Florida Healthcare Law Firm c/o Amanda Howard  
Office Address: 151 NW 1st Avenue  
Delray Beach 33444  
(City) Florida (Zip code)

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AND  
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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.

Amanda P. Howard  
(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]:

Title or Capacity:                      Name and Address:

☐ Manager              Name: D. MAX FELLARS

☐ Member              Address: 6244 Woodhaven Village Drive

☐ Authorized              Port Orange, Florida 32128

Person              \_\_\_\_\_

☒ Other Sole Member              ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

Person              \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: \_\_\_\_\_

☐ Member              Address: \_\_\_\_\_

☐ Authorized              \_\_\_\_\_

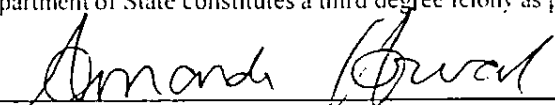
Person              \_\_\_\_\_

☐ 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

Amanda Howard

Typed or printed name of signer

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify, that the following is a list of all organizational documents on file in this office for

**D. MAX FELLARS DDS PLLC**

Organizational Documents on File	Filing Date
----------------------------------	-------------

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, D. MAX FELLARS DDS PLLC, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 08/28/2018, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/16/2023

*FV Aguilar*

Certificate Number: B202301163311521

FRANCISCO V. AGUILAR  
Secretary of State

You may verify this certificate  
online at <http://www.nvsos.gov>