## M23000005036

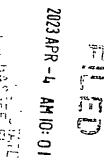
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



400405915684

64764728--01020--011 \*\*125.00



477 19 2023

## COVER LETTER

TO: Registration Section

ECT:	Nam	ne of Limited Liability Company	<del></del> -	-	
		Company for Authorization to Transact Business referenced foreign limited liability company to to			
return	all correspondence concerning this matter	to the following:			
	Tax Manager				
		Name of Person		-	
	Manatt, Phelps & Phillips, LLP				
		Firm/Company		20	
	2049 Century Park East, Suite 1700		<u>:</u>	2023 APR	
	Address				
	Los Angeles, CA 90067		\\ \frac{1}{2} \tag{1}	<u>.</u>	,
	C	City/State and Zip Code	in in	AM 10: 01	
	Accounting-Tax@Manatt.com		بر بر	10	
	E-mail address: (to be	e used for future annual report notification)		•	
rther in	formation concerning this matter, please ca	11:			
Hele	n Sieger	310 312-5322 at ( )			
	Name of Contact Person	Area Code Daytime Telephone	Number		
Mailing Address: Registration Section		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
i alti	ahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	used is a check for the following amount:				

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Manatt Health Strateg	ies, LLC						
(Name of Foreign	n Limited Liability Company; must include "Limited	d Liability Con	npany," "L.L.C.," or "LLC.")				
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The alterna	ite name must include "Limited Lia	bility Company,	""L.L.C,"	or "LLC."	
Delaware 2. (Jurisdiction under the law of which foreign limited liability company is organized)			84-2839331 3.				
(Jurisdiction under the law of v	which foreign limited liability company is organized)	3. (FEI number, if applicable)					
3/1/2023 4.							
•	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605.0905, F.S. to determi	registration) ne penalty liabilit	·y)	<del></del> -			
5. (Street Address of Principal Office)	· · · · · · · · · · · · · · · · · · ·	6	(Mailing Address)		~		
2049 Century Park Eas	2049 Century Park East, Suite 1700						
Los Angeles, CA 900	67	Los	Angeles, CA 90067	3.1	2023 APR -4	ا شجعین ا شجعین ا	
7. Name and street addre	ss of Florida registered agent: (P.O. Box	NOT accep	otable)	17 33.	AM 10: 01		
Name:	Business Filings Incorporated			ί,			
Office Address:	1200 South Pine Island Road		<del></del>				
	Plantation		33324 , 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)

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: Title or Capacity: Name and Address: Donna L. Wilson William Bernstein Name: Manager Manager Address: 7 Times Square 2049 Century Park East □ Member Address: □Member Suite 1700, Los Angeles, CA 90067 New York, NY 10036 □ Authorized □ Authorized Person Person Other\_\_\_\_\_ Other □Other □Other\_\_\_ □Manager □ Manager Name: Name: ☐ Member □Member Address: Address: □ Authorized □ Authorized Person Person Other Other\_\_\_ Other\_\_\_\_ □Other\_ Name: □Manager □Manager Name; ☐ Member Address: □Member Address: ☐ Authorized Authorized Person Person □Other Other\_\_\_\_ Other Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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

Typed or printed name of signee

Donna L. Wilson.

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MANATT HEALTH STRATEGIES, 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 FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MANATT HEALTH STRATEGIES, LLC" WAS FORMED ON THE FIRST DAY OF SEPTEMBER, A.D. 2017.

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

2023 APR -4 AM 10: 01

Authentication: 202701709

Date: 02-13-23

6515320 8300 SR# 20230490952