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Division of Corporations

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Foreign Limited Liability Company

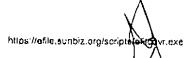
CARL CLARKE PHYSICIAN ASSISTANT 2824 PLLC

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

IN COMPLIANCE WITH SECTION 615 9902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: CARL CLARKE PHYSICIAN ASSISTANT 2824 PLLC, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L L C.," or "LLC.") CARL CLARKE PHYSICIAN ASSISTANT 2824 LLC (if name unavailable, enter alternate name adopted for the purpose of narracting business in Florida. The alternate name must include "Limited Limitity Company," "L.L.C." or "LLC.") **NEW YORK** (Jurisdiction under the law of which foreign limited liability company is organized) (f El number, il applicable) (Onte first transacted business in Florida, if prior to registration.) (See sections 603,0904 & 603,0905, F.S. to determine penalty liability) 12931 MAPLETON COURT 12931 MAPLETON COURT (Street Address of Principal Office) (Mailing Address) BOCA RATON, FL 33428 BOCA RATON, FL 33428 7. Name and atreet address of Florida registered agent; (P.O. Box NOT acceptable) CARL CLARKE Name: 12931 MAPLETON COURT Office Address: BOCA RATON . Florida (City) 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.

/s/ CARL CLARKE	
(Registered agent's signature)	

Nov:01.2028 12:44 PM #7954 P 3

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: □Manager XMember □Authorized Person □Other	Name and Address: CARL CLARKE Name: 12931 MAPLETON COURT BOCA RATON, FL 33428 DOther	Title or Capacity: □Manager □Member □Authorized Person □Other	Name:	Name and Address:
☐Manager ☐Member ☐Authorized Person ☐Other	Name:Address:	☐Manager ☐Member ☐Authorized Person ☐Other	Address:	□Other
☐ Manager ☐ Member ☐ Authorized Person ☐ Other	Address:Other	☐Manager ☐Member ☐Authorized Person ☐Other	Address:	□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 filling 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.

/s/ CARL CLARKE		
	Signature of an nuthorized person	
CARL CLARKE		
	Ten til av nommal namna Croonee	

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: CARL CLARKE PHYSICIAN ASSISTANT 2824 PLLC

DOS ID Number: 5738471

Entity Type: DOMESTIC PROFESSIONAL SERVICE LIMITED LIABILITY COMP

ANY

Entity Status: EXISTING
Date of Initial Filing with DOS: 04/15/2020
Statement Status: CURRENT

Statement Due Date: 04/30/2022

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION

Date of Filing: 04/15/2020

Entity Name: CARL CLARKE PHYSICIAN ASSISTANT 2824 PLLC

Document Type: CERTIFICATE OF PUBLICATION

Date of Filing: 12/08/2020

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 27, 2023 at 01:55 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugher

By Brendan C. Hughes Executive Deputy Secretary of State

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