

M230000014046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

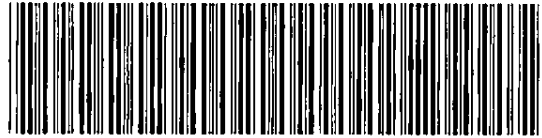
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-135934

Office Use Only



200416252922

09/25/23--01043--003 **130.00

FILED
2023 NOV -2 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2023

ROBERTO GONZALEZ
18001 OLD CUTLER ROAD, STE 431
PALMETTO BAY, FL 33157 US

SUBJECT: FENGFA MEDICAL TECHNOLOGY, LLC
Ref. Number: W23000135936

We have received your document for FENGFA MEDICAL TECHNOLOGY, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 723A00022948

COVER LETTER

F.D. Registration Section
Division of Corporations

SUBJECT: FENGFA MEDICAL TECHNOLOGY, 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:

ROBERTO GONZALEZ

Name of Person

FENGFA MEDICAL TECHNOLOGY, LLC

Firm/Company

18001 OLD CUTLER ROAD, STE.431

Address

PALMETTO BAY, FL 33157

City/State and Zip Code

rgonzalez@fengpa.net

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

For further information concerning this matter, please call:

ROBERTO GONZALEZ

305

447-8886

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

GONZA MEDICAL TECHNOLOGY, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

FENG MED, 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.")

DELAWARE

88-1196179

(Jurisdiction under the law of which foreign limited liability company is organized)

(FEI number, if applicable)

1-1-2023

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

18001 OLD CUTLER ROAD, STE 431

18001 OLD CUTLER ROAD, STE 431

(Street Address of Principal Office)

(Mailing Address)

PALMETTO BAY, FL 33157

PALMETTO BAY, FL 33157

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

Name: GONZALEZ AND PARTNERS CPAS LLC

Office Address: 18001 OLD CUTLER ROAD, STE 431

PALMETTO BAY

(City)

Florida

33157

(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)

FILED
2023 NOV -2 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FL

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: ROBERTO GONZALEZ
☒ Member Address: 18001 OLD CUTLER RD, #431
☐ Authorized PALMETO BAY, FLORIDA 33157
Person _____
Other _____ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
Other _____ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
Other _____ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: DULCE GONZALEZ
☒ Member Address: 18001 OLD CUTLER RD, #431
☐ Authorized PALMETO BAY, FLORIDA 33157
Person _____
Other _____ Other _____

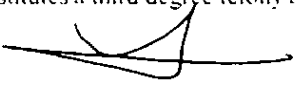
☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person _____
Other _____ Other _____

☐ 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

ROBERTO GONZALEZ

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "FENGFA MEDICAL TECHNOLOGY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:


CERTIFICATE OF FORMATION, FILED THE SEVENTH DAY OF MARCH, A.D. 2022, AT 7:48 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FENGFA MEDICAL TECHNOLOGY LLC" WAS FORMED ON THE SEVENTH DAY OF MARCH, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State

6656016 8315

SR# 20233653795

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204347566

Date: 10-16-23