

M23000014446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

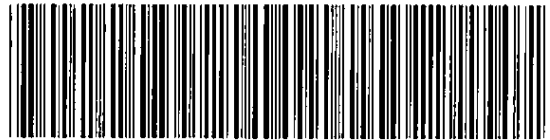
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400417569544

11/13/23--01004--018 \*\*250.00

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2023 NOV 13 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVE  
AND  
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2023 NOV 13 AM 7:3

NOV 14 2023  
K. Brumley

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

125

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

**WALK IN**

**PICK UP:** BROOK 11/13

**CERTIFIED COPY**

**XX PHOTOCOPY**

**GS**

**XX FILING**

**FOREIGN LLC**

1. **ORTHOCARE INNOVATIONS CENTER LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ORTHOCARE INNOVATIONS CENTER 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:

MAX ADAMS

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

THE MEDI LAW FIRM

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

4929 SW 74TH CT

\_\_\_\_\_  
Address

MIAMI FL 33155

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

EVELYN@THEMEDILAWFIRM.COM

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

For further information concerning this matter, please call:

MAX ADAMS

305

444-3484

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:*

1. ORTHO CARE INNOVATIONS CENTER LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C." or "LLC.")

2. WYOMING 3. 93-4354328  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/10/23  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4929 SW 74TH 6. 4929 SW 74TH CT  
(Street Address of Principal Office) (Mailing Address)

1ST FL 1ST FL

MIAMI FL 33155 MIAMI FL 33155

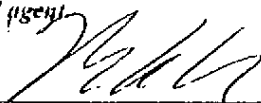
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: THE LAW OFFICES OF MAX A ADAMS ESQ PLLC  
Office Address: 4929 SW 74TH CT 1ST FL  
MIAMI, Florida 33155  
(City) (Zip code)

APPROVED  
AND  
FILED  
2023 NOV 13 AM 7:36  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF MIAMI  
FLORIDA

**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)

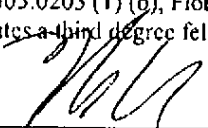
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: MAX A. ADAMS	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 4929 SW 74TH CT	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	1ST FL	<input type="checkbox"/> Authorized	_____
Person	MIAMI FL 33155	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 _____
 <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

MAX ADAMS- AUTHORIZED REPRESENTATIVE

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

**ORTHOCARE INNOVATIONS CENTER LLC**

is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **November 10, 2023**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2023-001359450**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 10th day of November, 2023 at 11:52 AM. This certificate is assigned ID Number 066883131.



A handwritten signature in cursive script that reads "Chuck Gray".

Secretary of State