

FILED  
2024 JAN -3 PM 3:43  
SECRETARY OF STATE  
TOL

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Celebration Medical Education

\_\_\_\_\_  
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:

Bradley J. Busbin

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

Busbin Law Firm, P.A.

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

2295 S. Hiawassee Rd., Ste. 207

\_\_\_\_\_  
Address

Orlando, FL 32835

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

brad@busbinlaw.com

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

For further information concerning this matter, please call:

Bradley J. Busbin

407

955-4595

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. Celebration Medical Education, LLC

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

Celebration Medical School, 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. Jamaica

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

3.

(FEI number, if applicable)

4.

12/31/2023

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

5. 800 Celebration Ave

(Street Address of Principal Office)

6. 7425 Conroy Windermere Rd

(Mailing Address)

Celebration, FL 34747

Orlando, FL 32835

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

Name: Bradley J. Busbin

Office Address: 2295 S. Hiawasse Rd., Ste. 207

Orlando

(City)

32835

, Florida

(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  
2024 JAN -3 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FL

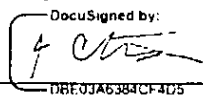
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: John Choi	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 7425 Conroy Windermere Rd	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Orlando, FL 32835	<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 _____
 <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.

DocuSigned by:  
  
 DBE0JA6384CF405

Signature of an authorized person

John Choi

Typed or printed name of signee

**COMPANY STATUS LETTER**



Companies Office of Jamaica  
1 Granada Way  
Kingston 5  
Jamaica W.I.

Tel: (876) 908.4418-24  
Fax: (876) 908.4425 / (876) 980.7152  
Web: <http://www.crojamaica.com>  
Email: [info@crojamaica.com](mailto:info@crojamaica.com)

The Companies Office of Jamaica is an Executive Agency of the Ministry of Industry, Investment and Commerce.



14 December 2023

Company No. 121857

TO WHOM IT MAY CONCERN

RE: CELEBRATION MEDICAL EDUCATION LIMITED

The above-captioned company was incorporated under the Companies Act of Jamaica on the 16 November 2023.  
Having complied with all the statutory requirements, it is in good standing and still appears on our Register.

This letter is valid until the **14th day of December 2024**.

Yours sincerely,

MOREEN PAGE

For Registrar of Companies

Any reply or subsequent reference to this communication should be addressed to the Registrar of Companies and not to any officer by name. This document contains information that may be privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not use, copy, or disclose to anyone, its contents.

**CERTIFICATE OF THE INCORPORATION OF A COMPANY**



**I hereby certify that**

**CELEBRATION MEDICAL EDUCATION LIMITED**

**was Incorporated under the**

**Companies Act as a Limited Company**

**On The**

**SIXTEENTH day of NOVEMBER Two Thousand And Twenty Three**

**Given under my hand at St. Andrew this**

**TWENTIETH day of NOVEMBER Two Thousand And Twenty Three**

**KADEEN MCKENZIE**  
For Registrar of Companies

**Company#: 121857**  
**NIS#: 3852605**  
**TRN: 003476057**  
**NHT APPLIED**  
**HEART APPLIED**

**121857**

This Certificate contains security features. Any attempt therefore to modify it will show clearly on the face of the Certificate and will make same unacceptable upon presentation.

The Company named in the Certificate is responsible for the safe keeping of this Certificate. If lost, misplaced or stolen however a certified copy of same can be obtained from the Companies Office of Jamaica at an additional cost.

If this Certificate is found please return or contact:

Companies Office of Jamaica  
1 Grenada Way, Kingston 5

Telephone: (876) 9084419 26, Fax: (876) 960-7152  
[www.orejamaica.com](http://www.orejamaica.com)  
Email: [info@orejamaica.com](mailto:info@orejamaica.com)