

2/26/24, 10:55 AM

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone : (702)866-2500

Fax Number : (702)900-2290

the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: managedreports@incorp.com

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
HLTHX Care, PLLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

2024 FEB 26 AM 5:20

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HLTHX Care, PLLC
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

Patricia Reyes

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy., Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

processing@incorp.com

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

For further information concerning this matter, please call

Patricia Reyes for InCorp Services, Inc. at 800-246-2677
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

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. HLTHX Care, PLLC 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. Illinois

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

3. _____

(EIN number, if applicable)

4. Upon Registration

(Date first transacted business in Florida, if prior to registration.
(See sections 601.0604 & 602.0903, F.S., to determine penalty liability.)

5. 1000 Brickell Ave, Suite 715 - 1266

(Street Address of Foreign Office)

6. 1000 Brickell Ave, Suite 715 - 1266

(Mailing Address)

Miami, FL 33131

Miami, FL 33131

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

Name: InCorp Services, Inc.

Office Address: 3458 Lakeshore Drive

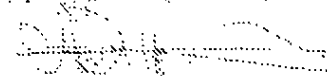
Tallahassee, Florida 32312

(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.

 Louise Breytenbach on behalf of InCorp Services, Inc.
(Registered agent's signature)

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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>
☐ Manager	Name, <u>Summer Knight</u>	☐ Manager	Name, _____
☒ Member	Address, _____	☐ Member	Address, _____
☐ Authorized	<u>1000 Brickell Ave, Suite 715-1266</u>	☐ Authorized	_____
Person	<u>Miami, FL 33131</u>	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name, _____	☐ Manager	Name, _____
☐ Member	Address _____	☐ Member	Address _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name, _____	☐ 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. 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

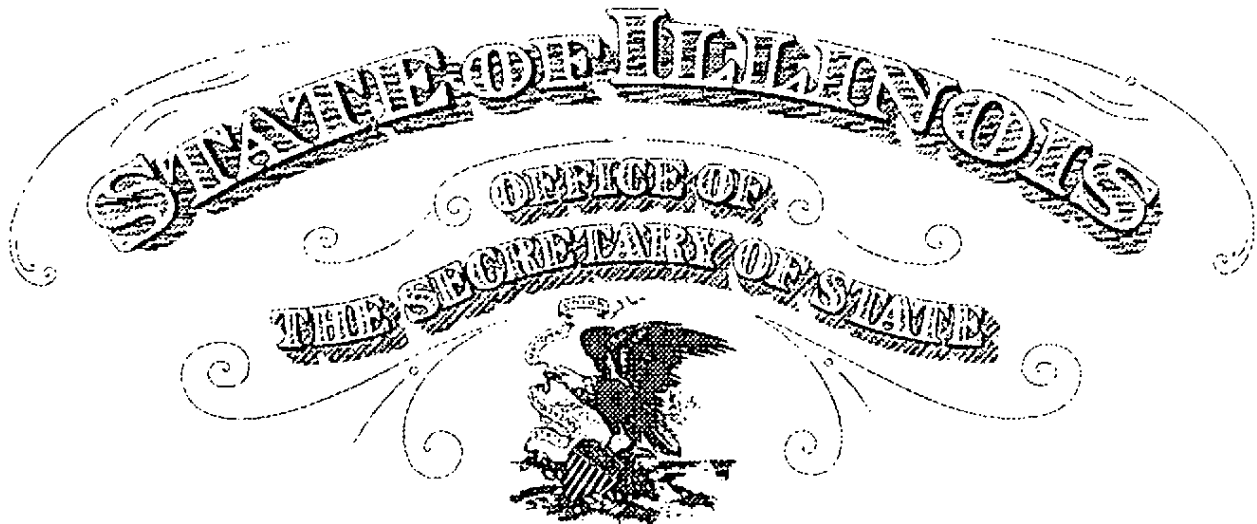
Summer Knight

Typed or printed name of signer

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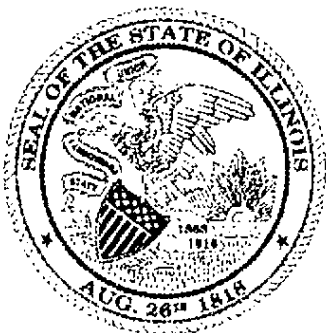
File Number 1372176-9



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

HLTHX CARE, PLLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 31, 2024, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 26TH day of FEBRUARY A.D. 2024 .*