

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 : 120120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

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

Email Address: documents@incorp.com

Foreign Limited Liability Company
HLTHX MSO, LLC

Certificate of Status	0
Certified Copy	1
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HLTHX MSO, 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

Jaycie Howard

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Parkway, Suite 500S

Address

Las Vegas, Nevada 89169-6014

City/State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call

Jaycie Howard on behalf of InCorp Services, Inc. (702) 866 - 2500
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 FLORIDAIN COMPLIANCE WITH SECTION 689.022, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.1. HLTHX MSO, LLC

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

2. Delaware

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

3. _____

(File number, if applicable)

4. Upon Registration(Date first transacted business in Florida, if prior to registration.)
(See sections 689.004 & 689.005, F.S. to determine penalty, if any.)5. 1000 Brickell Ave, Suite 715 - 1266

(Street Address of Principal Office)

6. 1000 Brickell Ave, Suite 715 - 1266

(Mailing Address)

Miami, FL 33131Miami, FL 331317. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name

InCorp Services, Inc.

Office Address

3458 Lakeshore DriveTallahassee

(City)

, Florida

32312

(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 Greytenbach on behalf of InCorp Services, Inc

(Registered agent's signature)

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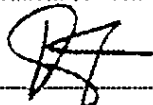
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total].

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name, Summer Knight	☐ Manager	Name
☒ Member	Address, 1000 Brickell Ave, Suite 715-1266	☐ Member	Address
☐ Authorized	Miami, FL 33131	☐ Authorized	
Person		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 605.0205 (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 917.155, F.S.



Signature of an authorized person

Summer Knight

Typed or printed name of signer

Delaware

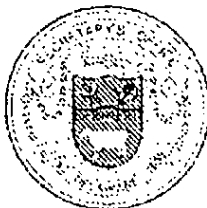
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "HLTHX MSO, LLC" IS DULY FORMED UNDER
THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF
THE EIGHTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HLTHX MSO, LLC"
WAS FORMED ON THE TWENTY-EIGHTH DAY OF AUGUST, A.D. 2023.

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




Jeffrey W. Bullock, Secretary of State

7646660 8300

SR# 20240930902

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

Authentication: 202977377

Date: 03-08-24