

3/13/24, 12:31 PM

Division of Corporations

M2400003276

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((1124000097656 3))



H240000976563ABC5

Note: DO NOT hit the REFRESH RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : 120040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

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

Email Address: _____

Foreign Limited Liability Company
CASTLE CONNOLLY PRIVATE HEALTH PARTNERS, LLC

RECEIVED

2024 MAR 13 PM 12:46

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2024 MAR 13 PM 1:44

FILED

Electronic Filing Menu Corporate Filing Menu Help

MAR 14 2024
K. Brumbley

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

IN COMPLIANCE WITH SECTION 050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. CASTLE CONNOLLY PRIVATE HEALTH PARTNERS, L.L.C. (Name of Foreign Limited Liability Company - must include "Limited Liability Company," "L.L.C." or "LLC")

(If none available, 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. Delaware (jurisdiction under the laws of which foreign limited liability company is organized) 3. (EIN number, if applicable)

4. (Only fill in if transacting business in Florida. If prior to registration, see sections 053.0963 & 053.0963, F.S. to determine penalty liability)

5. 150 East Palmetto Road, 3rd Floor, Boca Raton, FL 33432 (Street Address of Principal Office) 6. 150 East Palmetto Road, 3rd Floor, Boca Raton, FL 33432 (Mailing Address)

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

Name Registered Agent Solutions, Inc
Office Address 2894 Remington Green Ln, Ste. A
Tallahassee Florida 32308
(Street Address) (City) (State) (Zip code)

2024 MAR 13 PM 1:44

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.

/S/ AVI WEISS, ASSISTANT SECRETARY
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: DEAN MCELWAIN	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 150 East Palmetto Road, 3rd Fl.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Boca Raton, FL 33432	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 (203 (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.

/S/ AVI WEISS
Signature of an authorized person

AVIWEISS
Typed or printed name of signer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CASTLE CONNOLLY PRIVATE HEALTH PARTNERS, 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 THIRTEENTH DAY OF MARCH, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CASTLE CONNOLLY PRIVATE HEALTH PARTNERS, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF APRIL, A.D. 2014.

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




Jeffrey W. Bullock, Secretary of State

5524582 8300

SR# 20240984326

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

Authentication: 203011080

Date: 03-13-24