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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
CASTLE CONNOLLY PRIVATE HEALTH PARTNERS, LLC

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

2024 MAR 13 PM 1:44

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MAR 14 2024
K. Brumbley

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

IN COMPLIANCE WITH SECTION 05092, 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, 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 3. _____
(Jurisdiction under the laws of which foreign limited liability company is organized) (EIN number, if applicable)

4. _____
(If not transacting business in Florida, it is not to be registered here. See sections 055.0961 & 055.0963, F.S. to determine penalty liability)

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

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

Name	<u>Registered Agent Solutions, Inc.</u>	
Office Address	<u>2894 Remington Green Ln, Ste. A</u>	
	<u>Tallahassee</u>	<u>32308</u>
	(City)	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.

/S/ AVI WEISS, ASSISTANT SECRETARY

(Registered agent's signature)

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FILED
CLERK OF CIRCUIT COURT
JANICE L. BROWN

Delaware

The First State

Page 1

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

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