

M24000006908

Florida Department of State
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To: Division of Corporations
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From: Account Name : CAPITOL SERVICES, INC.
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Foreign Limited Liability Company
CLINICA LAS MERCEDES IX, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED
2024 MAY 31 PM 3:42
DIVISION OF CORPORATIONS
TALLahassee, FLORIDA

DocuSign Envelope ID: D9CBE406-5BDC-428E-85C0-E93834988828

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. Clinica Las Mercedes IX, 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. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 84-4976968 (FEI number, if applicable)

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

5. 450 SW 136 Ave (Street Address of Principal Office)
6. (Mailing Address)
Pembroke Pines, FL 33027

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

Name: Leslie Gomez-Saiz

Office Address: 6355 NW 36TH ST, EAST BUILDING, STE 1100
Virginia Gardens, Florida 33166

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.

DocuSigned by: Leslie Gomez-Saiz
(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]:

Title or Capacity: **Name and Address:**

Manager Name: Jorge Raad

Member Address: 6355 NW 36TH ST, EAST BUILDING, STE 1100

Authorized Virginia Gardens, FL 33166

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Marlon Munoz

Member Address: 6355 NW 36TH ST, EAST BUILDING, STE 1100

Authorized Virginia Gardens, FL 33166

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

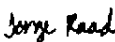
Person _____

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.

DocuSigned by:

 Signature of an authorized person

Jorge Raad
 Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CLINICA LAS MERCEDES IX, 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 THIRTIETH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLINICA LAS MERCEDES IX, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MAY, A.D. 2024.

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



Handwritten signature of Jeffrey W. Bullock, Secretary of State, in black ink over a horizontal line.

3783754 8300

SR# 20242649771

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

Authentication: 203594954

Date: 05-30-24