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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

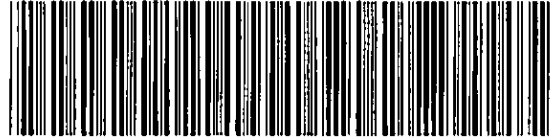
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STATE  
HALLANDALE, FL

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Hospitalists Telemedicine Group, 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:

Sydney Madow

\_\_\_\_\_  
Name of Person

Nicholson & Eastin, LLP

\_\_\_\_\_  
Firm/Company

1330 SE 4th Ave., Suite J

\_\_\_\_\_  
Address

Fort Lauderdale, FL 33316

\_\_\_\_\_  
City/State and Zip Code

sydney@nicholsoneastin.com

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

For further information concerning this matter, please call:

Sydney Madow

954

634-4400

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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. Hospitalists Telemedicine Group, 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.")

Delaware

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

3. (FEI number, if applicable)

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

5. 151 N. Nob Hill Rd.  
(Street Address of Principal Office)

6. c/o Delaware Registered Agent Service, LLC  
(Mailing Address)

Suite 306

§ The Green, Suite D

Plantation, FL 33324

Dover, DE 19901

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

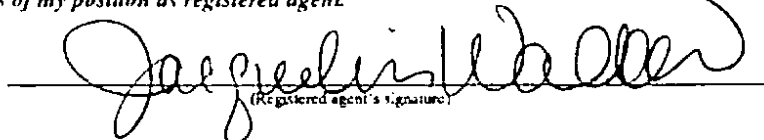
Name: Hospitalists Management Company, LLC

Office Address: 14283 71st PL N

Loxahatchee, Florida 33470  
(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.

  
(Registered agent's signature)

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TALLAHASSEE, FL

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: Francisco Molina	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 151 N. Nob Hill Road	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 306	<input type="checkbox"/> Authorized	_____
Person	Plantation, FL 33324	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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 605.0203 (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.

X [Signature]  
\_\_\_\_\_  
Signature of an authorized officer

X Francisco Molina  
\_\_\_\_\_  
Typed or printed name of signor

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "HOSPITALISTS TELEMEDICINE GROUP, 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 TWENTIETH DAY OF MAY, A.D. 2024.



3277050 8300

SR# 20242276446

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203513977

Date: 05-20-24

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IN FLORIDA

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1. Hospitalists Telemedicine Group, 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. \_\_\_\_\_  
(FEI number, if applicable)

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

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Plantation, FL 33324

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8 The Green, Suite D

Dover, DE 19901

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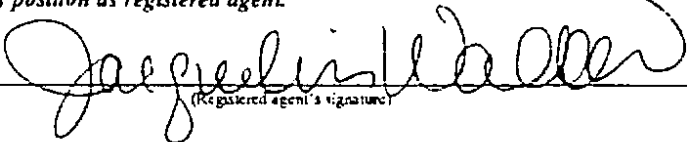
Name: Hospitalists Management Company, L.L.C.

Office Address: 14283 71st PL N

Loxahatchee \_\_\_\_\_, Florida 33470  
(City) (Zip code)

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(Registered agent's signature)

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STATE  
TALLAHASSEE, FL

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<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:	Francisco Molina		<input type="checkbox"/> Manager	Name:		
<input checked="" type="checkbox"/> Member	Address:	151 N. Nob Hill Road		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized Person	State:	306		<input type="checkbox"/> Authorized Person	State:		
	Platation, FL:	33324			Platation, FL:		
<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	

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10. This document is executed in accordance with section 605.0203 (1) (a), 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. 812.185, F.S.

X [Signature]  
Secretary of State

X Francisco Molina  
Registered Professional Engineer

**STATE of DELAWARE**  
**LIMITED LIABILITY COMPANY**  
**CERTIFICATE of FORMATION**

**FIRST**  
**Name**

The name of the limited liability company is:  
Hospitalists Telemedicine Group, LLC

**SECOND**  
**Registered Agent**

The address of its registered office in the State of Delaware is  
8 The Green, Suite D in the City of Dover. Zip code 19901.

The name of its registered agent at such address is  
Delaware Registered Agent Service LLC

**THIRD**  
**Duration**

The duration of the limited liability company shall be perpetual.

**FOURTH**  
**Purpose**

The purpose for which the company is organized is to conduct any and all lawful business for which Limited Liability Companies can be organized pursuant to Delaware statute.

**In Witness Whereof**, the undersigned have executed this Certificate of Formation this 15<sup>th</sup> day of March, 2024.

Name: Delaware Registered Agent Service LLC, Organizer

By: Kayden Jess  
Kayden Jess, Authorized Person