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.

(((H24000252238 3)))



H240002522383ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone

: (855)498-5500

Fax Number

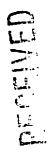
: (800)432-3622

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

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- Em ⇒	41	Address:	
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Foreign Limited Liability Company PEDIATRICA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00



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	H24000252238
COVER LETTER	

erro movem.	Pediatrica, LLC Name of Limited Liability Company					
SUBJECT:						
		Company for Authorization to Transact Business in Florida." Certificate of referenced foreign limited liability company to transact business in Florida.				
Please return	n all correspondence concerning this matter	to the following:				
	Roberto L. Palenzuela					
		Name of Person				
	Pediatrica Health Group, Inc.					
		Firm/Company				
	75 Valencia Avenue, Suite 709					
	Address					
	Coral Gables, FL 33134					
		City/State and Zip Code				
	roberto@pediatrica.com					
	E-mail address: (to b	e used for future annual report notification)				
For further i	nformation concerning this matter, please ca	11:				
Ro	berto L. Palenzuela	305 725-3705				
	Name of Contact Person	at () Area Code Daytime Telephone Number				
Re	dling Address: gistration Section	Street Address: Registration Section				
Division of Corporations		Division of Corporations				
	D. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
ı a.	llahassee, FL 32314	Tallahassee, FL 32303				

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H24000252238

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flor	rida. The alternate name must inc	clude "Limited Lish	ollity Company.	" "L.L.C," or
Delaware		99-0425762 3.			
(Jurisdiction under the law of which foreign limited liability company is organized)		(FLI number, if applicable)			
July 12, 2024					
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) c penalty liability)			
75 Valencia Avenue		75 Valencia Av			
reet Address of Principal Office)		6. (Mailing Addre	en)		
Suite 709		Suite 709			
Coral Gables, FL 3313		Coral Gables, F	L 33134	ιξ.)	
Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)			
Name:	Capitol Corporate Services, Inc.			: :	21 22
Office Address:	515 E. Park Avenue, 2nd FL				=:
	Tallahassee	, Florida	32301	- - -	<u></u>
	(City)	, 1 10,144	(Zip code)	$-\mathcal{E}_{\mathcal{J}}$	

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.

him Tadlock	Kim Tadlock, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.
(Registered :	ngent'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:	Title or Capacity	Name and Address:
■Manager	Name: Roberto L. Palenucla	■Manager	Name: Gabriel Ling
□Member	Address: 75 Valencia Avenue	□Member	Address: 75 Valencia Avenue
□Authorized	Suite 709	□ Authorized	Suite 709
Person	Coral Gables FL 33134	Person	Coral Gables FL 33134
□Other	Other	□Other	Other
■Manager	Name: Tom Guilfoile	∏Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	Suite 709	□Authorized	
Person	Coral Gables FL 33134	Person	
□Other	□ Other	□Other	Other
□Manager	Name:	∐Manager	Name:
□Member	Address:	□Member	Address:
□ Authorized		□Authorized	
Person	, , , ,	Person	
□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 605.0203 (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.

Roberto L. Palenzuela



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELANARE, DO HEREBY CERTIFY "PEDIATRICA, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELANARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE TWENTY-FIFTH DAY OF JULY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PEDIATRICA, LLC"

WAS FORMED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2023.

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

e at corp.delaware.gov/auth

Authentication: 204012798

Date: 07-25-24