

M24000011385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

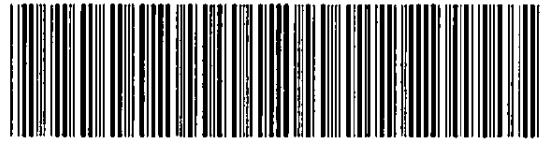
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700435543547

09/29/24--01117--01E **130.00

2024 SEP 29 PM 9:54

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BLUEBIRD KIDS HEALTH MSO, 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:

DAVID J. MENKHAUS

Name of Person

MOORE & MENKHAUS, PL

Firm/Company

2700 W. CYPRESS CREEK ROAD, SUITE A-108

Address

FT. LAUDERDALE, FL 33309

City/State and Zip Code

sfoxlevine@pbpediatrics.com

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

For further information concerning this matter, please call:

DEBBIE RENKEN

561

394-7910

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. BLUEBIRD KIDS HEALTH MSO, 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. STATE OF DELAWARE 3. 99-4232058
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. SEPTEMBER 3, 2024
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>1920 PALM BEACH LAKES BLVD</u> (Street Address of Principal Office)	6. <u>1920 PALM BEACH LAKES BLVD</u> (Mailing Address)
<u>SUITE 201</u>	<u>SUITE 201</u>
<u>WEST PALM BEACH, FL 33409</u>	<u>WEST PALM BEACH, FL 33409</u>

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

Name: SHANNON J. FOX-LEVINE

Office Address: 1920 PALM BEACH LAKES BLVD., SUITE 201

WEST PALM BEACH, Florida 33409
(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)

2024 AUG 29 AM 9:30

FILED

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 checked="" type="checkbox"/> Manager	Name: Shannon J. Fox-Levine	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1920 Palm Beach Lakes Blvd.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 201, West Palm Beach, FL 33409	<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 _____
 <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.


Signature of an authorized person

SHANNON J. FOX-LEVINE, MANAGER

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "BLUEBIRD KIDS HEALTH MSO, LLC", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF JULY, A.D. 2024, AT 12:06 O'CLOCK P.M.



4493333 8100
SR# 20243272832

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204047231

Date: 07-30-24

**CERTIFICATE OF FORMATION
OF
BLUEBIRD KIDS HEALTH MSO, LLC**

FIRST: The name of the limited liability company is Bluebird Kids Health MSO, LLC.

SECOND: The address of the registered office of the limited liability company in the State of Delaware is 1209 Orange Street, County of New Castle, Wilmington, Delaware 19801. The name of its registered agent at such address is The Corporation Trust Company.

THIRD: To the fullest extent permitted by applicable law, the limited liability company shall indemnify any person who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding by reason of the fact that such person is or was a member, employee, officer or other agent of the limited liability company or that, being or having been such a member, employee, officer or agent, such person is or was serving at the request of the limited liability company as an employee or other agent of another limited liability company, corporation, partnership, joint venture, trust or other enterprise.

The undersigned hereby acknowledges that the foregoing Certificate of Formation of Bluebird Kids Health MSO, LLC, is her act and deed and that the facts stated therein are true.

Dated: July 23, 2024



Name: Shannon Fox-Levine

Title: Authorized Person