## M24000012247

(F	Requestor's Name)	
<del></del>	Address)	<del></del>
V		
( <i>F</i>	Address)	
(0	City/State/Zip/Phone #)	_
PICK-UP	WAIT	MAIL
		_
	Business Entity Name)	
1)	Document Number)	
Certified Copies	Certificates of	Status
<u> </u>		<del></del>
Special Instructions to F	iling Officer:	
		Ì

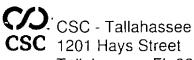
Office Use Only



600436845906

2624 SEP 23 FM 1:37

SEP 24 2024 t Brumbley



Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 09/23/24 Order #: 1629466-5

Re: Aw Jupiter Medical Center Plaza, LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

120000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

то:	Registration Section Division of Corporations				
eno ir	AW Jupiter Medical Center Plaza, LLC				
SUBJECT:Name of Limited Liability Company					
The enc Existen	closed "Application by Foreign Limited Liability (ce, and check are submitted to register the above)	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Floric			
Please r	return all correspondence concerning this matter to	o the following:			
		Name of Person			
		Firm/Company			
		Address			
	C	ity/State and Zip Code			
	E-mail address: (to be	e used for future annual report notification)			
For furt	her information concerning this matter, please cal	11:			
		at () Area Code Daytime Telephone Number			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314	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 DEP  \$\Boxed{\subset}\$ \$	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate			

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liabil	hty Company," "L. L. C," or "LLC
	3.	
hich foreign limited liability company is organized)	(FEI number,	if applicable)
(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determin	egistration ) ne penalty liability)	<del>_</del>
	6.	
	(Mailing Address)	
One, Suite 305	11780 US Highway One, St	uite 305
Florida 33408	North Palm Beach, Florida	33408 
ss of Florida registered agent* (P.O. Box	NOT acceptable)	26
Corporation Service Company		2074 SS
		<u>55</u> C2
1201 Hays Street		70
Tallahassee	32301	<del>∵</del> ⇔
(City)	(Zip code)	
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine)  One, Suite 305  Florida 33408  Corporation Service Company  1201 Hays Street	(Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty habitiny)  6. (Mailing Address)  Dine, Suite 305 11780 US Highway One, St. North Palm Beach, Florida 33408 North Palm Beach, Florida 33408 North Palm Beach, Florida 33408 See of Florida registered agent. (P.O. Box. NOT acceptable)  Corporation Service Company  1201 Hays Street

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: Brian Waxman	□Manager	Name:
□Member	Address:	□Member	Address: 11780 US Highway One
□Authorized	Ste 305	□Authorized	Ste 305
Person	North Palm Beach, Florida 33408	Person	North Palm Beach, Florida 33408
President ■Other	Other	■Other Secretary	□Other
□Maπager	Name:	□Manager	Name:
□Member	Address: 11780 US Highway One	□Member	Address:
□Authorized	Ste 305	□Authorized	
Person	North Palm Beach, Florida 33408	Person	
<b>.</b>	□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.

Signature of an authorized person

Brian K. Waxman

Typed or printed name of signee OLIAL 46300

Page 1



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

DELAWARE, DO HEREBY CERTIFY "AW JUPITER MEDICAL CENTER PLAZA, 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 TWENTY-FIRST DAY OF SEPTEMBER, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AW JUPITER MEDICAL CENTER PLAZA, LLC" WAS FORMED ON THE TWENTIETH DAY OF SEPTEMBER, A.D. 2024.

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

Authentication: 204449944

Date: 09-21-24