

M24000014302

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

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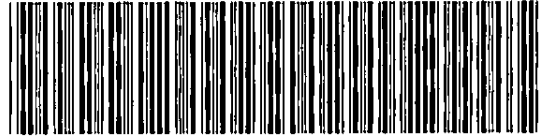
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08:27

Inquire By Deposit Number

11/07/24

DEP Page 0002/0003

Deposit Number	: 10/10/24 01003 002	Deposit Amount	: 1,052.50
Account Number	:	Deposit Balance	: 975.00
Refund Request Date	:	Debit Memo Date	:
Refund Mail Date	:	Void Date	:
Refund Amount	: 0.00	User ID	: JSADLER
Requester	:		

		DOC Page	0001/0002
Tracking Number	: 700436638667	Document Number	: W24000138599
Ledger Date	: 11/07/24	Sub Account Number	:
Document Requester	: CORAREJ		

Category Description Amount

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WALK IN

PICK UP: JENA 11/8

CERTIFIED COPY _____

XX PHOTOCOPY _____

CUS _____

XX FILING FOREIGN LLC _____

1. BELEN HEALTH CENTER, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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. BELEN HEALTH CENTER, 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)

5. 13117 NW 107 Ave Ste#1 (Street Address of Principal Office)
6. 13117 NW 107 Ave Ste#1 (Mailing Address)
Hialeah Gardens, FL 33018 Hialeah Gardens, FL 33018

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

Name: Enrique Zamora

Office Address: 13117 NW 107 Ave Ste#1

Hialeah Gardens, Florida 33018
(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.

[Handwritten signature]

(Registered agent's signature)

2024 NOV - 8 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FL
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: Enrique Zamora	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 13117 NW 107 Ave Ste#1	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Hialeah, FL 33018	<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

Enrique Zamora

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 "BELEN HEALTH CENTER, 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 SEVENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BELEN HEALTH CENTER, LLC" WAS FORMED ON THE FIRST DAY OF NOVEMBER, A.D. 2024.

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




Jeffrey W. Bullock, Secretary of State

7689675 8300

SR# 20244155436

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

Authentication: 204821596

Date: 11-07-24