

M24000015267

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, ORLANDO
Account Number : 119980000090
Phone : (407)839-4200
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
ELA PLASTIC SURGERY, PLLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
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2024 DEC -6 PM 5:22

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12/8/2024 10:56:56 AM PAGE 1/001 Fax Server



December 6, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NELSON MULLINS RILEY & SCARBOROUGH, ORLANDO

SUBJECT: ELA PLASTIC SURGERY PLLC
REF: W24000159285

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The acceptable suffix (LLC) should simply be added to the end of the name in line 1 after PLLC. The alternate name line it to only be used if the name is not available. So the name in line 1 should read as ELA PLASTIC SURGERY PLLC LLC

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY FAX Aud. #: H24000364061
Regulatory Specialist II Supervisor Letter Number: 024A00026422
Registration Section

850-817-8381

12/5/2024 3:52:40 PM PAGE 1/001 Fax Server



December 5, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

NELSON MULLINS RILEY & SCARBOROUGH, ORLANDO

SUBJECT: ELA PLASTIC SURGERY PLLC
REF: W24000159285

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

FAX Aud. #: E24000364061
Letter Number: 824A00026320

850-817-8381

11/4/2024 11:50:03 AM PAGE 1/001 Fax Server



November 4, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NELSON MULLINS RILEY & SCARBOROUGH

SUBJECT: ELA PLASTIC SURGERY PLLC
REF: W24000148990

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law does not provide for the recognition of a foreign professional limited liability company. An acceptable limited liability company suffix will need to be added to your entity name for this Department to accept and file your document.

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY FAX Aud. #: H24000364061
Regulatory Specialist II Supervisor Letter Number: 324A00024167
Registration Section

(H24000364061 3)

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

IN COMPLIANCE WITH SECTION 893.09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ELA PLASTIC SURGERY PLLC, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLP")

(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

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

3. 03-0820697
(EIN number, if applicable)

4. _____
(Date first transacted business in Florida; if prior to registration)
(See sections 605.0901 & 605.0903, F.S., to determine penalty liability)

5. 10118 Colt Lane
(Street Address of Principal Office)

6. 10118 Colt Lane
(Mailing Address)

Winter Garden, Florida 34787

Winter Garden, Florida 34787

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

Name: Muriela Lopez Sedrauwel

Office Address: 10118 Colt Lane

Winter Garden, Florida 34787
(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.

Muriela Lopez Sedrauwel
(Registered agent's signature)

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(H24000364081 3)

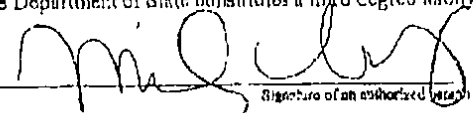
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

| <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: <u>Maricela Lopez Sadrameli</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>10118 Colt Lane</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | <u>Winter Garden, FL 34787</u> | <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

Maricela Lopez Sadrameli

 Typed or printed name of signer

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Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Jane Nelson
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Bla Plastic Surgery PLLC (file number 803036231), a Domestic Limited Liability Company (LLC), was filed in this office on June 06, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 25, 2024.



A handwritten signature of Jane Nelson in black ink.

Jane Nelson
Secretary of State

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