

M25000004475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

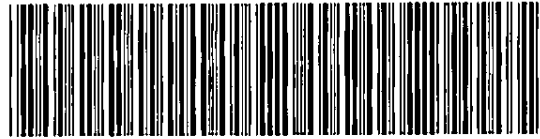
(Business Entity Name)

(Document Number)

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2025 MAR 27 AM 3:10

STATE OF FLORIDA  
TALLAHASSEE

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STATE OF FLORIDA  
TALLAHASSEE

MAR 28 2025

K. Brumbley

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

Account Number FCA000000017  
Date: 3-27-25  
Requestor Name: Carlton Fields  
Address: Post Office Drawer 190  
Tallahassee, Florida 32302  
Telephone: (850) 513-3619 - direct  
(850) 224-1585  
Contact Name: Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO  
DEDUCT FROM ACCOUNT  
\$ 160.<sup>00</sup>

Corporation Name: Lakeview Healthcare Enterprises, LLC  
\_\_\_\_\_  
Email Address: \_\_\_\_\_  
Entity Number: \_\_\_\_\_  
Authorization: Kim Pullen

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Trademark Renewal  | <input checked="" type="checkbox"/> Certificate of Status |
| <input checked="" type="checkbox"/> New Filings    | <input type="checkbox"/> Plain Stamped Copy | <input type="checkbox"/> Registration                     |
| <input type="checkbox"/> Fictitious Name           | <input type="checkbox"/> Amendments         |   |

- |                       |                       |                |
|-----------------------|-----------------------|----------------|
| ( X ) Call When Ready | ( X ) Call if Problem | ( ) After 4:30 |
| ( X ) Walk In         | ( ) Will Wait         | ( X ) Pick Up  |

CF Internal Use Only  
Client: 17311 Matter: 76672  
Name: n. Dolinez Office: TPA

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. Lakeview Healthcare Enterprises, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.C.")

(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. 86-2432600 (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. 18550 US HWY 441 (Street Address of Principal Office)
Suite A
Mount Dora, FL 32757
6. 18550 US HWY 441 (Mailing Address)
Suite A
Mount Dora, FL 32757

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

Name: Carl W. Patten, Jr.
Office Address: 410 Fern Drive
Leesburg, Florida 34748
(City) (Zip code)

APPROVED AND FILED
2005 MAR 27 AM 3:10

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.

Carl W. Patten, Jr.
(Registered agent's signature)



# Delaware

Page 1

The First State

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAKEVIEW HEALTHCARE ENTERPRISES, 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-FOURTH DAY OF MARCH, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAKEVIEW HEALTHCARE ENTERPRISES, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF JULY, A.D. 2020.

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



3301462 8300

SR# 20251197004

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, reading "C. P. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203250550

Date: 03-24-25