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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please. \*\*

| <b>Email</b> | Address: |  |
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## **Foreign Limited Liability Company** OB/GYN Affiliates, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

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

IN COMPILANCE WITH SECTION 6/5/002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| OB/GYN Affiliat   | Limited Liability Company; must include "Limited  | Liability Company,"                        | "L.L.C.," or "LLC.")              |                   |                |
|---|---|--|-----------------------------------|-------------------|----------------|
| name unavailable, enter alternate n                     | same adopted for the purpose of transacting business in Flor  | ida. The alternate name i                  | nust include "Limited Liability C | onipany," "L.L.C. | " or "L L.C.") |
| Colorado  |   | 3. 84-1520625  (FEL number, if applicable) |                                   |                   |                |
| (Jurisdiction under the law of w                        | hich foreign limited lability company is organized)   |  |                                   |                   |                |
|   | (Date first transacted business in Handa if now to re   | vistration I                               |                                   |                   |                |
| 4745.01   | (Date first transacted business in Florida, if prior to re<br>(See sections 105,0904 & 605,0905, F.S. to determin   |  |                                   | t                 |                |
| 1/45 Shea   | Center Blvd   | 6. 1745 S                                  | Shea Center Blv                   | 'd<br>            |                |
| Littleton CO  | 80129   |  | n CO 80129                        |                   |                |
|   |   |  |                                   | e e               | 1201           |
| Name and street addres                                  | ss of Florida registered agent: (P.O. Box   | NOT acceptable)                            |                                   | -                 | 1022 NIG 31 PH |
| Name:   | Registered Agents Inc.  | 47.77                                      |                                   | -                 | 1:2            |
| Office Address:   | 7901 4th St N STE 300   |  |                                   | •                 | σ              |
|   | St. Petersburg  | . FI                                       | orida <u>33702</u>                |                   |                |
|   | (City)  |  | (Zip code)                        |                   |                |
| lesignated in this applica<br>o comply with the provisi | tunce:<br>gistered agent and to accept service of pi<br>tion, I hereby accept the appointment as<br>ions of all statutes relative to the proper of<br>s of my position as registered agent. | registered agent                           | and agree to act in this          | capacity. I       | further ag     |

(Registered agent's signature)

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: Name: \_ Tiena Hussong Name: \_\_\_\_\_ ■ Manager □Manager Address: **X**<sup>1</sup>Member Address: □Member 1745 Shea Center BLVD □ Authorized □ Authorized Littleton CO 80129 Person Person □Other\_\_\_\_\_ □Other \_\_\_\_ □ Other □Other\_\_\_\_\_ Name: \_\_\_\_\_ Name: □Manager □Manager Address: □Member ☐ Member Address: □ Authorized □ Authorized Person Person □Other\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_ Other\_\_\_\_\_ □Manager Name: □Manager Name: \_\_\_\_\_ Address: ☐Member □Member Address: \_\_\_\_\_ ☐ Authorized □ Authorized Person Person □Other\_\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_ □Other\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. R: Luy Tak Signature of an authorized person Riley Park

Typed or printed name of signee

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I. Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

OB/GYN Affiliates, LLC

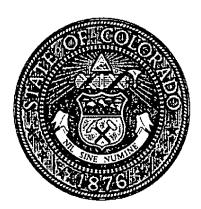
#### is a

#### Limited Liability Company

formed or registered on 12/15/2019 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20191915072.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/24/2022 that have been posted, and by documents delivered to this office electronically through 08/30/2022 @ 16:28:23.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 08/30/2022 @ 16:28:23 in accordance with applicable law. This certificate is assigned Confirmation Number 14279262



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us/hcz/CertificateSearchCriteria do entering the certificate's confirmation number displayed on the certificate, and tollowing the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click"Businesses, trademarks, trade names" and select "Frequently Asked Questions."