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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

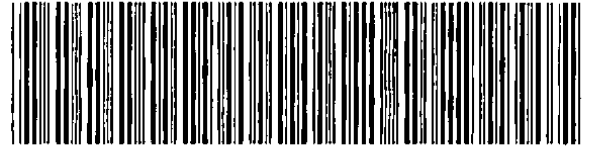
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CLERK OF SUPERIOR COURT
CORPORATIONS
TALLAHASSEE, FLORIDA

JAN 31 2023

Brumby

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 421866 4319660

AUTHORIZATION :



COST LIMIT : \$125.00

ORDER DATE : January 31, 2023

ORDER TIME : 10:28 AM

ORDER NO. : 421866-020

CUSTOMER NO: 4319660

FOREIGN FILINGS

NAME: MEDICARE PRIME CHOICE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

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. Medicare Prime Choice 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. 88-2034801
(FEI number, if applicable)
4. 01/16/2023
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)
5. 167 Laurel Road
(Street Address of Principal Office)
6. 167 Laurel Road
(Mailing Address)
- Churchville, PA 18966
- Churchville, PA 18966

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(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.

Corporation Service Company

By:

Eylina Baker
Assistant Vice President

(Registered agent's signature)

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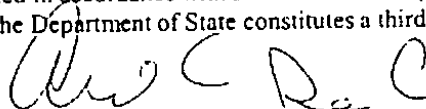
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Austin Levin</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Sydney Levin</u>
<input type="checkbox"/> Member	Address: <u>167 Laurel Road</u>	<input type="checkbox"/> Member	Address: <u>167 Laurel Road</u>
<input type="checkbox"/> Authorized	<u>Churchville, PA 18966</u>	<input type="checkbox"/> Authorized	<u>Churchville, PA 18966</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Aldo DeLuca</u>	<input type="checkbox"/> Manager	Name: <u>Eric Gertsenbacher</u>
<input checked="" type="checkbox"/> Member	Address: <u>167 Laurel Road</u>	<input checked="" type="checkbox"/> Member	Address: <u>167 Laurel Road</u>
<input type="checkbox"/> Authorized	<u>Churchville, PA 18966</u>	<input type="checkbox"/> Authorized	<u>Churchville, PA 18966</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u></u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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

Aldo DeLuca

 Typed or printed name of signer

**Medicare Prime Choice LLC
Manager/Member List**

Name: Aldo DeLuca
Title: Member
Business Address: 167 Laurel Road, Churchville, PA 18966

Name: Eric Gerstenbacher
Title: Member
Business Address: 167 Laurel Road, Churchville, PA 18966

Name: Austin Levin
Title: Manager
Business Address: 167 Laurel Road, Churchville, PA 18966

Name: Sydney Levin
Title: Manager
Business Address: 167 Laurel Road, Churchville, PA 18966

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICARE PRIME CHOICE 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICARE PRIME CHOICE LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF APRIL, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State

6750663 8300

SR# 20230311654

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

Authentication: 20260847

Date: 01-31-2