

M23000010418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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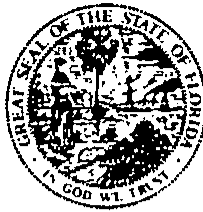


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2023 AUG 10 PM 3:19  
RECEIVED  
FEB 11 2023

W23-99831



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2023

CAROLINA REMORCA, M.D.  
2130 EDELWEISS LOOP  
TRINITY, FL 34655 US

SUBJECT: FRIENDS WHO CARE LLC  
Ref. Number: W23000099831

We have received your document for FRIENDS WHO CARE LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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

Ariel Jones  
Regulatory Specialist II

Letter Number: 223A00016252

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FRIENDS WHO CARE LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

CAROLINA REMORCA M.D.  
Name of Person

FRIENDS WHO CARE LLC  
Firm/Company

2130 Edelweiss Loop  
Address

TRINITY, FL 34655  
City/State and Zip Code

drdebrem@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINA REMORCA, MD at (848) 333-2669  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. FRIENDS WHO CARE LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

FRIENDS WHO CARE FL 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. NEW JERSEY  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-3277197  
(FEI number, if applicable)

4. - NA -  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 20 HOSPITAL DRIVE  
(Street Address of Principal Office)

6. - SAME -  
(Mailing Address)

SUITE #2

TOMAS RIVER, NJ 08755

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

Name: CAROLINA REMORCA, M.D

Office Address: 2130 Edelweiss Loop

TRINITY, FL 34655, Florida  
(City) (Zip code)

2023 AUG 10 PM 3:19  
SECRETARY OF STATE  
FBI

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.

Carolina Remorca, MD  
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>LEO VASQUEZ M.D.</u>	<input type="checkbox"/> Manager	Name: <u>CHENA TERMANO</u>
<input type="checkbox"/> Member	Address: <u>2353 LAST HAVEN DRIVE</u>	<input type="checkbox"/> Member	Address: <u>15 MAYLER PLACE</u>
<input checked="" type="checkbox"/> Authorized Person	<u>SPRINGHILL, FL 34609</u>	<input checked="" type="checkbox"/> Authorized Person	<u>LANCASTER, PA 17</u>
	<u>PRESIDENT</u>		<u>TREASURER</u> 39
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: <u>ALBERTO VASQUEZ MD</u>	<input type="checkbox"/> Manager	Name: <u>MARCEL DE JACRU</u>
<input type="checkbox"/> Member	Address: <u>304 1ST AVE S</u>	<input type="checkbox"/> Member	Address: <u>25176 GREENWOOD U</u>
<input checked="" type="checkbox"/> Authorized Person	<u>TIERRA VERDE, FL 33715</u>	<input checked="" type="checkbox"/> Authorized Person	<u>TRACY, CA 95304</u>
	<u>VICE-PRESIDENT</u>		<u>PUBLIC RELATIONS OFF</u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: <u>BLESILA VASQUEZ MD</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>304 1ST AVE S</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized Person	<u>TIERRA VERDE, FL 33715</u>	<input type="checkbox"/> Authorized Person	_____
	<u>ASST. SECRETARY</u>		_____
<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.

Camelina Ramirez, M.D.  
 Signature of an authorized person  
SECRETARY  
CAMELINA RAMIREZ, M.D.  
 Typed or printed name of signee

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING

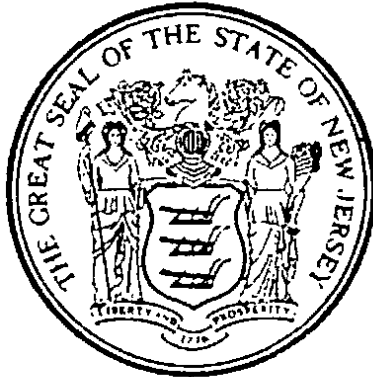
FRIENDS WHO CARE LLC  
0450217529

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on November 17, 2017.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2022*

*I further certify that the registered agent and office are:*

CAROLINA REMORCA MD  
20 HOSPITAL DRIVE  
SUITE #2  
TOMS RIVER, NJ 08753



*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 30th day of June, 2023*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number 6144470275

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/ISP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/ISP/Verify_Cert.jsp)