

F21000003353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

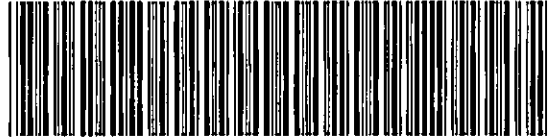
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W2000014/305 PLLC
00694
0414

Office Use Only



200355866252

01/31/21--01024--019 **72.50

12/14/20--01092--021 **87.50

RECEIVED
JUN 17 2021

2021 JUN -1 PM 7:38

FILED

53f
6/17/21

ncc
6/01/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COMPREHENSIVE REHABILITATION RN PT SERVICES PLLC

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SAHADIA DOR

Name of Person	
:COMPREHENSIVE REHABILITATION RN PT SERVICES PLLC	
Firm/Company	
621 CAPE CORAL PARKWAY EAST UNIT 19	
Address	
CAPE CORAL FL 33904	
City/State and Zip code	
SAHADIA DOR@hotmail.com	
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

SAHADIA DOR	at (914)	434-5775
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

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

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$87.50 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. Comprehensive Rehabilitation RN, PT Services PLLC
Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC."

Comprehensive Rehabilitation RN, PT Services PLLC, 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-York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 45-28-67-416
(FEI number, if applicable)

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

5. 621 Cape Coral Pkwy E
(Street Address of Principal Office)
Unit 19 B
Cape Coral, FL 33904

6. 56 Hemlock Dr
(Mailing Address)
Hopewell Junction, NY 125
2021 JUN 1 PM 7:38
FL

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

Name: Sahadiah DOR

Office Address: 621 Cape Coral Pkwy E. Unit 19 B
Cape Coral, Florida 33904
(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.

Sahadiah DOR
(Registered agent's signature)

A. DIRECTORS

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>601 Cape Coral Pkwy E</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>Cape Coral, FL 33904</u>	<input type="checkbox"/> Director	_____
<input checked="" type="checkbox"/> President	<u>SAHADIA DOR</u>	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2024 JUN - 1 PM 7:38
 TALLAHASSEE, FL
 STATE OF FLORIDA
 DEPARTMENT OF STATE

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.

12. _____
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. SAHADIA DOR
 (Typed or printed name and capacity of person signing application)

State of New York
Department of State } **ss:**

I hereby certify, that COMPREHENSIVE REHABILITATION RN, PT SERVICES PLLC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/29/2011

and that Professional Service Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Biennial Statement was filed 12/03/2020.

I further certify, that no other documents have been filed by such Professional Service Limited Liability Company.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 27th day of May
two thousand and twenty-one.*

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

FILED
2021 JUN - 1 PM 7:38
TALAMON, SEB, PL