

17000165386

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H170002022053)))



H170002022053ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000630023
Phone : (614) 280-3338
Fax Number : (954) 203-0845

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Progressive Care Solutions of FL, LLC

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

RECEIVED

17 AUG -2 PM 3:32

FLORIDA DEPARTMENT OF
CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

STATE OF
FLORIDA

17 AUG -2 PM 5:14

J. FASON

AUG 03 2017

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Progressive Care Solutions of FL, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sanjay Ahuja

Name of Person

Progressive Care Solutions Holder, LLC

Firm/Company

50 Glen Street, Suite #107

Address

Glen Cove, New York 11542

City/State and Zip Code

sahuja@progressivecaresolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sanjay Ahuja

917

514-2881

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy

(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy

(additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

17 AUG - 2 PM 8:14
SUN
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR _____

MGR _____

Name and Address:

Progressive Care Solutions Holden, LLC

50 Glen Street, Suite #107

Glen Cove, NY 11542

Sanjay Ahuja

50 Glen Street, Suite #107

Glen Cove, NY 11542

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any:**REQUIRED SIGNATURE:**
Signature of a member or an authorized representative of a member.

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 § 817.155, F.S.

Sanjay Ahuja

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)