

L22000306576

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.

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To:

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

From:

Account Name : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

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

Email Address: _____

2023 JUL 11 AM 2:35

NOT RECORDED

2022 JUL 11 PM 1:57

VCORP SERVICES

FLORIDA LIMITED LIABILITY CO.
MNH Florida Homecare Acquisitions LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

~~ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY~~**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MNH Florida Homecare Acquisitions LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:

3850 NW 2nd Ave #22

Boca Raton, FL, 33431

103-15 101 St.

Ozone Park, NY, 11417

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Hillel Adelman

Name

328 NW Spanish River Blvd.

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton

FL

33431

City

State

Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

H. Adelman

Registered Agent's Signature **(REQUIRED)**

(CONTINUED)

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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

Name and Address:

Hillel Adelman

328 NW Spanish River Blvd.

Boca Raton, FL 33431

AMBR

Neal Einhorn Family 2022 - Non Grantor Trust

41 Virginia Ave

Clifton, NJ 07012

AMBR

MDF Family 2022 - Non Grantor Trust

1076 East 23rd St

Brooklyn, NY 11210

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 07/05/2022

(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 s.817.155, F.S.

Hillel Adelman

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)

850-617-6381

7/8/2022 12:41:27 PM PAGE 1/001 Fax Server



July 8, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

VCORP SERVICES, LLC

SUBJECT: MNH FLORIDA HOMECARE ACQUISITIONS LLC
REF: W22000089927

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey
OPS ClerkFAX Aud. #: H22000232261
Letter Number: 122A00015275