PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2025 MAR 13 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/13/25--01010--001 **382.50

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L23000366635

1. Limited Liability Company's Name

Right-Hand of Health LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3538 NW 26th Street	N/A
Suite, Apt. #, etc. N/A	Suite, Apt. #, etc. N/A
City & State Lauderdale Lakes, FL	City & State N/A
Zip 33311 / Country USA	Zip N/A / Country N/A

4. State/Country of Formation L23000366635

5. Date Organized or Qualified To Do Business In Florida 08/04/2023

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: Bernard Williams

Street Address (P.O. Box Number is Not Acceptable) Suite,: 3538 NW 26th Street

Apt. #, Etc: N/A

City: Lauderdale Lakes | State: FL | Zip Code: 33311

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Bernard Williams Date: 2/28/2025

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Bernard Williams	3538 NW 26th Street	Lauderdale Lakes, FL 33311
MGR	Deloris Williams	3538 NW 26th Street	Lauderdale Lakes, FL 33311

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am 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.

Signature of authorized representative/member: Bernard Williams Date: 2/28/2025 Daytime Phone #: 954-829-3750

T. WILSON

Typed or printed name of signing authorized representative/member: Bernard Williams

MAR 13 2025