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FALLAHASSEE, FLORIDA

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# BUSINESS LICENSES, LLC

21 Robert Pitt Drive Suite 310 • Monsey, NY 10952 • 845.356.8390 • Fax 845.356.8397

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12/7/2011

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

RE: Certificate of Authorization

To Whom It May Concern:

Enclosed is the Application for Authorization to Transact Business in the **State of Florida** that was completed by our customer Reliacare Alliance IPA LLC.

Once the application has been approved please forward evidence of the approval to the following mailing address:

Reliacare Alliance IPA LLC  
755 2nd Ave  
2nd Floor  
New York, NY 10017

If there is any issue with the application, or if you require any further information, kindly contact our Business Licensing division directly at the number or address listed below.

Thank you,

*Hinda Barber*

Hinda Barber  
Business Licenses, LLC  
21 Robert Pitt Drive, Suite 310  
Monsey NY 10952  
845-356-8390 ext. 112  
[barberh@businesslicenses.com](mailto:barberh@businesslicenses.com)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ReliaCare Alliance, IPA, 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:

Martin Stein  
Name of Person

ReliaCare Alliance, IPA, LLC  
Firm/Company

755 2nd Ave, 2nd Floor  
Address

New York, NY 10017  
City/State and Zip Code

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 DEC 13 PM 3:00

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For further information concerning this matter, please call:

Martin Stein at ( 212 ) 956-9400  
Name of Person Area Code & Daytime Telephone Number

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

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. ReliaCare Alliance, IPA, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. New York 3. 27-3258348  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 08/13/2010 5. perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 755 2nd Ave, 2nd Floor  
New York, NY 10017  
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:  
Mordechai Stein, 755 2nd Ave, 2nd Floor, New York, NY 10017  
Borach Klein, 755 2nd Ave, 2nd Floor, New York, NY 10017  
Joel Klein, 755 2nd Ave, 2nd Floor, New York, NY 10017

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: DME AND O&P PROVIDER NETWORK

  
(Signature of a member or an authorized representative of a member.)

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Mordechai Stein  
Typed or printed name of signee

2011 DEC 13 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

ReliaCare Alliance, IPA, LLC

If unavailable, the alternate to be used in the state of Florida is:

Alliance Care IPA, LLC

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

InCorp Services, Inc.

(Name)

17888 67th Court North

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Loxahatchee

FL 33470

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 608, Florida Statutes.*

*Asst. Attorney on behalf of InCorp Services, Inc.*  
(Signature)

\$ 100.00 Filing Fee for Application  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (optional)  
\$ 5.00 Certificate of Status (optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

I hereby certify, that RELIACARE ALLIANCE, IPA, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/13/2010, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 30th day of November two  
thousand and eleven.*

A handwritten signature in black ink, appearing to read "Neil A. ...", is written over the official seal area.

*First Deputy Secretary of State*