

#112000006/28

Division of Corporations

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AM HEALTH LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

ARTICLES OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST: The name of the limited liability company is:
AM Health LLC

SECOND: The articles of organization or the application to transact business

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:
The incorrect principal address was listed. The correct principal address is 20 SE 3rd Avenue, 3rd Floor, Miami, FL 33131.
The manager's name Sophia Frankel was spelt incorrectly. The correct spelling is Sofia Frankel.
Sofia Frankel's address was listed incorrectly. The correct address is 50 South Pointe Drive, #1202-1203, Miami Beach, FL 33139.
The registered agent's name was spelt incorrectly. The correct spelling is Sofia Frankel.
The registered agent's address was listed incorrectly. The correct address is 50 South Pointe Drive, #1202-1203, Miami Beach, FL 33139.

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: November 2, 2012



Signature of a member or authorized representative of a member

Lauren Vadney, Attorney-in-Fact

Typed or printed name of signee

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

State of Florida



Department of State

I certify from the records of this office that AM HEALTH LLC, is a Delaware limited liability company authorized to transact business in the State of Florida, qualified on October 31, 2012.

The document number of this limited liability company is M12000006128.

I further certify that said limited liability company has paid all fees due this office through December 31, 2012, and its status is active.

I further certify that said limited liability company has not filed a Certificate of Withdrawal.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code, 912A00026665-110112-M12000006128-1/1, noted below.

Authentication Code: 912A00026665-110112-M12000006128-1/1

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
First day of November, 2012



Ken Detzner
Ken Detzner
Secretary of State



November 1, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AM HEALTH LLC
100 SOUTH POINTE DRIVE, #1202/1203
MIAMI BEACH, FL 33139

Qualification documents for AM HEALTH LLC were filed on October 31, 2012, and assigned document number M1200006128. Please refer to this number whenever corresponding with this office.

Your limited liability company is authorized to transact business in Florida as of the file date.

The certification you requested is enclosed. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number H12000261619.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at 1-800-829-4933 for an SS-4 form or go to www.irs.gov.

Please notify this office if the limited liability company address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Tammi Cline
Regulatory Specialist II
Registration/Qualification Section
Division of Corporations

Letter Number: 912A00026665

H12000261619

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

*IN COMPLIANCE WITH SECTION 608.508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. AM Health 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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. January 24, 2012

(Date of Organization)

5. perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. upon filing of this application

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

7. 100 South Pointe Drive, #1202/1203

Miami Beach, FL 33139

(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:

Sophia Frankel 100 South Pointe Drive, #1202/1203 Miami Beach FL 33139

Michael Frankel 160 West 66th St., Apt. 16B New York NY 10002

Igal Zakhodin 2800 Biscayne Blvd., Suite 1000 Miami FL 33137

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: _____

All Lawful Purposes

Valerie Hawk

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.)

Sophia Frankel by Valerie Hawk-Donohue as atty-in-fact

Typed or printed name of signee

H12000261619

**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:

AM Health LLC

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

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

Sophia Frankel

(Name)

100 South Pointe Drive, #1202/1203

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

Miami Beach

FL

33139

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.



Sophia Frankel by Valerie Hawk-Donohue as atty-in-fact
(Signature)

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AM HEALTH LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF OCTOBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AM HEALTH LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5099472 8300

121181499

You may verify this certificate online
at corp.delaware.gov/authver.shtml




AUTHENTICATION: 9953090

DATE: 10-31-12