

M15000009526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

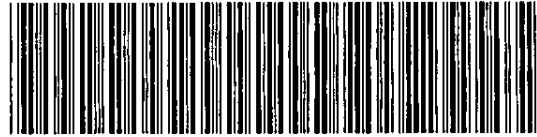
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CONSULAR AFFAIRS

15 NOV 25 PM 12:02

U.S. DEPARTMENT OF STATE
DIVISION OF CONSULAR AFFAIRS

15 NOV 25 AM 9:04

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NOV 30 2015
C LEWIS

Wolters Kluwer

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

HEALTH OPTION ONE, INC.

P09000013728

(*Please File the Conversion and LLC Registration simultaneously***)**

Thank you!

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	Conversion
Registration	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

11/25/2015

ST

Order#:
9784557

Ref#: _____

Amount: \$ _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health Option One, 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:

Jonathan Gopman

Name of Person

Akerman LLP

Firm/Company

9128 Strada Place, Suite 10205

Address

Naples, Florida 34108

City/State and Zip Code

jonathan.gopman@akerman.com

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

For further information concerning this matter, please call:

Jonathan Gopman

239

449-5600

Name of Contact Person

at ()

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:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate
of Status & Certified Copy |
|--|---|--|---|

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

2 Nevada

3. 26-4718328

(FBI number, if applicable)

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

Deerfield Beach, Florida 33442

(Street Address of Principal Office)

Deerfield Beach, Florida 33442

(Mailing Address)

Name:

NRAI Services, Inc.

Office Address:

1200 South Pine Island Road

Plantation

Florida 33324

(City)

(Zip code)

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By:

Real Services, Inc.

(Registered agent's signature)

Angel Nunez

Assistant Secretary

Brad Cohen, MGR - 1002 East Newport Center Drive, Deerfield Beach, Florida 33442

Seth Cohen, MGR - 1002 East Newport Center Drive, Deerfield Beach, Florida 33442

Arnold Cohen, MGR - 1002 East Newport Center Drive, Deerfield Beach, Florida 33442

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

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.

Seth Cohen

Typed or printed name of signee

15 NOV 25 AM 9:05

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HEALTH OPTION ONE, LLC**, as a *limited liability company* duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 20, 2015, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on November 24, 2015.

A handwritten signature in cursive script that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Secretary of State



Electronic Certificate
Certificate Number: C20151124-1558
You may verify this electronic certificate
online at <http://www.nvsos.gov/>