

Mr. [illegible]

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 12 2016
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

ANDE HEALTHCARE SOLUTIONS, LLC.

SUBJECT: _____
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:

VINCE SAMMARCO

Name of Person

ANDE HEALTHCARE SOLUTIONS, LLC.

Firm/Company

2950 SW 27th Avenue, Suite 300

Address

Miami, Florida 33133

City/State and Zip Code

vsammarco@andehs.com

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

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STATE
SECRETARY OF
CORPORATIONS

For further information concerning this matter, please call:

Vince Sammarco	305	459-3884
_____	at (_____) _____	
Name of Contact 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:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" 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 |
|--|--|--|---|

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

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:

ANDE HEALTHCARE SOLUTIONS, LLC.

1. _____
(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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. **DELAWARE** 3. **47-1706779**
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. **January 2015**
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____
2950 SW 27th Avenue, Suite 300
(Street Address of Principal Office)

6. **Miami, FL 33133**

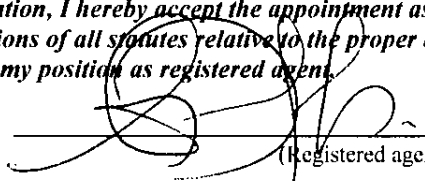
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Zagales Law**
Office Address: **2950 SW 27th Avenue, Suite 300**
Miami, Florida **33133**
(City) (Zip code)

Registered agent's acceptance:

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.

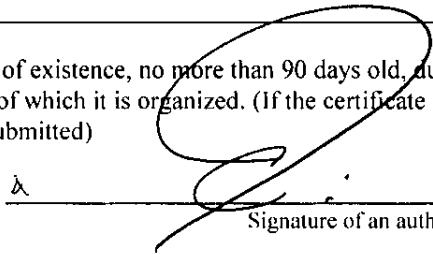


(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

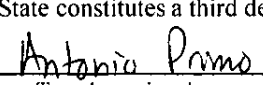
Antonio Primo, Managing Member

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.

Antonio Primo 

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**State of Delaware**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

9213937
VINCE SAMMARCO
2950 SW 27TH AVE., STE 300
MIAMI, FL 33133

10-16-2015

ATTN: VINCE SAMARCO

DESCRIPTION	AMOUNT
5541873 - ANDE HEALTHCARE SOLUTIONS LLC Entity Status - Short Form	
Certification Fee	\$50.00
TOTAL CHARGES	\$50.00
TOTAL PAYMENTS	\$50.00
BALANCE	\$0.00

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DIVISION OF CORPORATIONS
DOVER, DELAWARE

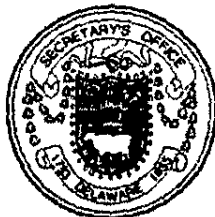
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ANDE HEALTHCARE SOLUTIONS 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 EIGHTEENTH DAY OF SEPTEMBER, A.D. 2015.

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16 JAN 11 PM 3:25
JEFFREY W. BULLOCK
STATE SECRETARY



5541873 8300

SR# 20150190476

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


Jeffrey W. Bullock, Secretary of State

Authentication: 10253346

Date: 09-18-15