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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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15 MAY -9 AMII: 01
SECRETARY OF STATE
TAIL ANASSEE FLORIDA

J. HARRIS

COVER LETTER

24

TO:		ation Section n of Corporation	as		•		,
SUBJE		nsof Biohealth, Ll					
			Name of	Limited Liability (Company		
			eign Limited Liability Comp d to register the above refer				
Please	return all	correspondence c	oncerning this matter to the	following:			
		Gustavo M. So	uss				
			N	ame of Person			
		Einsof Biohealt	h, LLC				
	Firm/Company						
		601 Brickell Key Drive, Suite 744					
				Address		# ************************************	
	٠	Miami, FL 331	31				
		-	City/S	tate and Zip Code			
		gustavo@einsofb	iohealth.com				
	•		E-mail address: (to be use	d for future annual	report not	ification)	
For fur	ther infor	mation concerning	g this matter, please call:				
	Gustav	o Souss		786 at (326-32	81	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 ssee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
Enclose		ck for the follow .00 Filing Fee	ing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	□ \$160.00 Filing Fee, C of Status & Certified Cop	



RECEIVED 2016 MAY -9 PM 1:09

FLORIDA DEPARTMENT OF STATE LANGUE STATE Division of Corporations

April 27, 2016

GUSTAVO M SOUSS 1010 NE 2ND AVE MIAMI, FL 33132

SUBJECT: EINSOF BIOHEALTH LLC

Ref. Number: W16000023552

We have received your document for EINSOF BIOHEALTH LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FORIEGN CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 016A00006531

16 MAY -9 AM II: OI
SECRETARY OF STATE
ALL AND SSEE, FLORIDA

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:

	eign Limited Liability Company; mu	si men	de "Limited Liability	Company," "L.L.C	C.," or "l	LLC.")		
If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the purpose or "LLC.")	e of tra	nsacting business in	Florida. The alterna	te name	must in	clude "	Limited
Delaware		3.	47-4625811					
(Jurisdiction under the law company is organized)	of which foreign limited liability	ν.	(1	El number, if appli	cable)			
January 7th, 2016								
	(Date first transacted busine (See sections 605.0904 & 605.							
601 Brickell Key Driv	e, Suite 744, Miami, FL 33131	.0,00,	is. to determine per	aity nability)				
·								
	(Street Address of I	Princip	al Office)					
1010 SE 2nd Ave.	(3.330) (3.33)	· · · · · · · · · · · · · · · · · · ·	••					
Minus El 22122			•••	<u> </u>				
Miami, FL 33132	(Mailing A	Addres	s)					
Name and street address	ss of Florida registered agent: (P.			`				
	Aslan Tax Services, Inc	.O. DU	x <u>NOT</u> acceptable	,		ĭZE	16	
Name:			····					The state of
Office Address:	762 SW 18 Ave.					7.7	~~< 1	a g
	Miami		, F	lorida 33135			0	2 WOOD
Pagistared agentle sees	(City)			(Zip cod	e)			
				ove stated limited	liabili	tv.com	oany a	t the pla
laving been named as re	gistered agent and to accept serv	vice of	process for the ab		J 48 J	=	7.6	· ···· · più
Having been named as re lesignated in this applica o complywith the provision	gistered agent and to accept serviton, I hereby accept the appoint ons of all statutes relative to the pmy position as registered agent. (Regis	ment (as registered agent	and agree to act	in this	capuci and I a	ty:—I fi m fam	urther a
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Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Gustavo M. Souss

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "EINSOF BIOHEALTH 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 SEVENTH DAY OF APRIL, A.D. 2016.

Authentication: 202109087

Date: 04-07-16