

m16000009592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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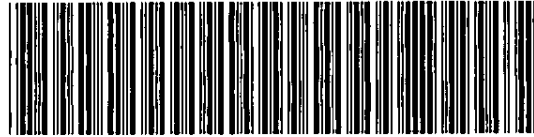
(Business Entity Name)

(Document Number)

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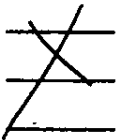
SUNSHINECORPORATE2014@GMAIL.COM

Date: 12-1-16

ENTITY NAME:

Urgent Care Property
Development LLC

****PLEASE FILE THE ATTACHED AND RETURN:****



Plain Copy

Certified Copy

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

_____ Certified Copy of Arts & Amendments

_____ Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 155

CHECK NUMBER: 3127

PLEASE CONTACT TINA OR ERIC AT 850-656-4724 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

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TALLAHASSEE, 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:

1. Urgent Care Property Development 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

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

5. 500 N. Broadway, Ste. 123, Jericho, New York 11753

(Street Address of Principal Office)

6. 500 N. Broadway, Ste. 123, Jericho, New York 11753

(Mailing Address)

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

Name: United Corporate Services, Inc.
Office Address: 9200 South Dadeland Blvd. Ste. 508
Miami, Florida 33156
(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.

Michael A. Barr
(Registered agent's signature) Michael A. Barr, President

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

Evan Stoopler, Sole member

500 N. Broadway, Ste. 123, Jericho, NY 11753

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)

Evan Stoopler
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.

EVAN STOOPLER
Typed or printed name of signer

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CLERK OF STATE
TALLAHASSEE, FLORIDA

State of New York Department of State } ss:

I hereby certify, that URGENT CARE PROPERTY DEVELOPMENT LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/05/2014, 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 28th day of November
two thousand and sixteen.*

Brendan W. Fitzgerald
Executive Deputy Secretary of State

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