Florida Department of State

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Foreign Limited Liability Company CELTIC CARE R.N. PLLC LLC

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DEC 23 2016

No. 2131 P. 2

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 RESIDES IN THE STATE OF SCORIDA.

Celtic Care R.N. PLLC	SUVESS IN THE STATE OF PLURIDA LLC					
(Name of Fore	eign Limited Liability Company; mus	st include "Limited Lia	bility Company," "L.L.C.," or '	·LLC.")		_
If name unavailable, enter al iability Company," "L.L.C,"	ternate name adopted for the purpose or "LLC.")	e of transacting busines	s in Florida. The alternate nam	e must inc	ude "Li	_ mited
New York		3. <u>46-3744</u> 604				
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)			_
·	(Date first transacted busines	ss in Florida, if prior to	registration.)	•		
347 5th Avenue, Suite	(See sections 605.0904 & 605. 1402, New York, NY 10016	0905, F.S. to determin	penalty liability)			
•						
	(Street Address of P	Principal Office)		•		
347 5th Avenue, Suite	1402, New York, NY 10016					
	(Mailing /	Address)	· · · · · · · · · · · · · · · · · · ·	. <u>į</u> v.	.56	
'. Name and street addres	s of Florida registered agent: (P.		ahla)	1 m	6 DEC	
Name:	Incorporating Services, Ltd.	O. DOX [101 8000p)	3 010)	Sec	PO.	, , , , , , , , , , , , , , , , , , ,
Office Address:	1540 Glenway Drive		-	SEC	2	god Europy
	Tallahassee		_, Florida 32301 (Zip code)	70.	ial Ka	<u> </u>
Registered agent's accept	(City)		(Zip code)	051	e.	• •
his application, I hereby :	gistered agent and to accept serv accept the appointment as regist statutes relative to the proper and tion as registered agent.	ered agent and agre	e to act in this capacity. If	urther ag	ree to c	comply
	s//Melissa A. Sto (Registe	ps, Asst. Se ered agent's signature)	2.	-		
8. The name, title or caps	scity and address of the person(s)	who has/have author	ity to manage is/are:			
Margaret Weber, Member	, 3398 Manchester Road, Wantag	gb, NY 11793				
Kathleen Steimel, Membe	er, 437 Andrews Road, Mincols, 1	NY 11501				
					•	;
	of existence, no more than 90 day of which it is organized. (If the or obmitted) Signature					
In accordance with section he facts stated herein are t degree felony as provided	· •	f this document cons formation submitted i	itutes an affirmation under to a document to the Department	the penalt nent of St	ies of p ste cons	erjury that stitutes a th
	Margaret Weber					

LHI 600 313 147 3)

Typed or printed name of signee

State of New York Department of State } ss:

I hereby certify, that CELTIC CARE R.N. PLUC a NEW YORK Professional Service Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 09/10/2013, and that Professional Service 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 08th day of December two thousand and sixteen.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

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