

**M17000027669340**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H17000027669 3)))



H170000276693ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (800) 293-4075

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: GARYTAXMAN@AOL.COM

**Foreign Limited Liability Company  
PATIENT ON-LINE SERVICES LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

**D. SCOTT**  
**JAN 31 2017**

Electronic Filing Menu

Corporate Filing Menu

Help

**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. PATIENT ON-LINE SERVICES 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**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3.**

(FEI number, if applicable)

**4. Upon Filing**

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

**5. 1360 SUNNY RIDGE ROAD, MOHEGAN LAKE, NEW YORK 10547**

(Street Address of Principal Office)

**6. 6760 RED REEF STREET, LAKE WORTH, FLORIDA 33467**

(Mailing Address)

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

Name: **PAUL FOTI**

Office Address: **6760 RED REEF STREET**

**LAKE WORTH**

(City)

Florida **33467**

(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:**

Authorized Member-PAUL FOTI-6760 RED REEF STREET, LAKE WORTH, FLORIDA 33467

**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.

**PAUL FOTI**

(Typed or printed name of signee)

**State of New York  
Department of State } ss:**

I hereby certify, that PATIENTPAY.NET LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/02/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A certificate changing name to PATIENT ON-LINE SERVICES LLC was filed on 03/06/2007.

A Certificate of Publication of PATIENT ON-LINE SERVICES LLC was filed on 06/11/2007.

A Biennial Statement was filed 03/16/2009.

A Biennial Statement was filed 03/21/2011.

A Biennial Statement was filed 04/08/2013.

A Biennial Statement was filed 11/12/2015.

I further certify, that no other documents have been filed by such Limited Liability Company.

\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 20th day of January  
two thousand and seventeen.*



Brendan W. Fitzgerald  
Executive Deputy Secretary of State

A handwritten signature in dark ink, appearing to read "Brendan W. Fitzgerald", is written over a horizontal line.

FILED  
17 JAN 30 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

201701230235 • 29