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#### **COVER LETTER**

TO: Registration Section

Div	ision of Corporations						
SUBJECT:	Hybrid Healthcare Communicat						
	Name of Limited Liability Company						
				'ransact Business in Florida," Certificate of lity company to transact business in Florida			
Please return	all correspondence concerning the	nis matter to the foll	owing:				
	Randy DeFilippis						
	Name of Person						
	Hybrid Healthcare Communications LLC						
	Firm/Company						
	106 Apple Street, STE 300						
	Address						
	Tinton Falls, NJ 07724						
	City/State and Zip Code						
	RGrippo@integrityce.com						
	E-mail ado	dress: (to be used fo	r future annual report r	notification)			
For further in	nformation concerning this matter	, please call:					
Rosemary Grippo		a	732 t ()	aytime Telephone Number			
	Name of Contact Pe		Area Code D	aytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Divisio Registi Clifton 2661 E	eT ADDRESS: on of Corporations ration Section Building executive Center Circle assee, FL 32301			
	•	Filing Fee & 💢	3 \$155.00 Filing Fee & Certified Copy	□ \$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:

Hybrid Healthcare Com	nmunications LLC				
(Name of Fore	ign Limited Liability Company; must	include "Limited Liabi	lity Company," "L.L.C.," or "I	LC.")	_
(If name unavailable, enter al Liability Company," "L.L.C."	ternate name adopted for the purpose of "I.LC.")	of transacting business	in Florida. The alternate name	must include "L	imited
2. New Jersey		3. 27-0450101			
(Jurisdiction under the law company is organized)	of which foreign limited liability	<u> </u>	(FEI number, if applicable)		_
4. January 1, 2017					
	(Date first transacted business (See sections 605.0904 & 605.09	in Florida, if prior to a 1965, F.S. to determine	registration.) penalty liability)		
5. 10745 Royal Cypress					
Orlando, FL 32836					
·	(Street Address of Pri	incipal Office)	_	7 5	1-1
6. 106 Apple Street, STE	300			833	
Tinton Falls, NJ 07724				27	
	(Mailing Ad	ldress)		유	# <u>0</u> B
7. Name and street address	s of Florida registered agent: (P.O	. Box <u>NOT</u> accepta	ble)		ESTA STA
Name:	Randy DeFilippis			17	
Office Address:	10745 Royal Cypress Way				
	Orlando		, Florida 32836		
	(City)		(Zip code)		
designated in this applica to complywith the provisi	gistered agent and to accept servic tion, I hereby accept the appointm ons of all statutes relative to the pr my position as registered agent.	ient as registered ag	ent and agree to act in this	capacity. I fu	rther agree
8. The name, title or capa Randy DeFilippis, Manag	ncity and address of the person(s) wing Member of LLC	vho has/have authori	ty to manage is/are:		
10745 Royal Cypress Wa	у				
Orlando, FL 32836					
This document is executed submitted in a document to	t in accordance with section 605.02 the Department of State constitute	03 (1) (b), Florida Ses a third descree fold	tatutes. I am aware that any f ny as provided for in s.817.1	false information 55, F.S.	on
	Randy DeFilippis		<b>/</b>		

## STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

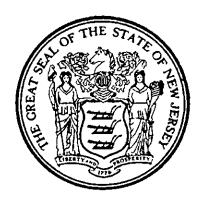
### HYBRID HEALTHCARE COMMUNICATIONS LLC 0400294304

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 29, 2009.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

RANDY DEFILIPPIS 628 SHREWSBURY AVE TINTON FALLS, NJ 07701



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 23rd day of January, 2017

Ford M. Scudder Acting State Treasurer

Certificate Number: 6077160473

Verify this certificate online at

https://www1.state.nj.us/TYTR\_StandingCert/JSP/Verify\_Cert.jsp