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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

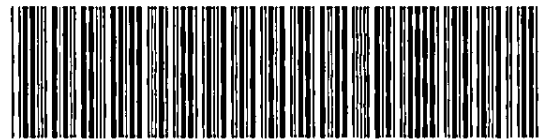
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W18000084190

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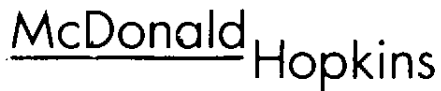


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BRUCE
OCT 20 2018



A business advisory and advocacy law firm®

Sonya Thomas, Senior Paralegal
E-mail: stthomas@mcdonaldhopkins.com

McDonald Hopkins LLC
300 North LaSalle Street
Suite 1400
Chicago, IL 60654

P 1.312.280.0111
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October 3, 2018

VIA FIRST-CLASS MAIL

State of Florida
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed is your letter dated September 19, 2018 returning the Application by Foreign Limited Liability Company we submitted for filing. Attached is the corrected application for filing.

If you have questions or require additional information, please contact me.

Sincerely,

Sonya Thomas

SONYA THOMAS, Senior Paralegal

ST/
Enclosure

FILED
2018 OCT - 3 PM 1:22
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2018

SONYA THOMAS, SENIOR PARALEGAL
GLOBAL PARALEGAL NETWORK, INC.
129 GLEN PARK AVE.
GARY, IN 46408

SUBJECT: HEALDI LLC
Ref. Number: W18000084190

We have received your document for HEALDI LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must contain the entity's complete mailing address.

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.

Deborah Bruce
Corporate Records Supervisor

Letter Number: 218A00019592

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2018 OCT -8 PM 1:22

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HEALDI LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sonya Thomas, Senior Paralegal

Name of Person

Global Paralegal Network, Inc.

Firm/Company

129 Glen Park Ave.

Address

Gary, IN 46408

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonya Thomas

219

381-5294

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

RECEIVED
TALLAHASSEE, FL 32301
OCT 8 2018

2018 OCT - 8 PM 1:22

FILED

**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. HEALDI 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)

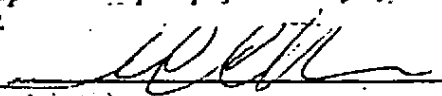
4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 244 Fifth Ave. 6. 244 Fifth Ave.
(Street Address of Principal Office) (Mailing Address)
Suite P234 Suite P234
New York, NY 10001 New York, NY 10001

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Mariceli Comellas
Office Address: 1680 Michigan Ave, Suite 700 #119
Miami Beach, Florida 33139
(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.


(Registered agent's signature).

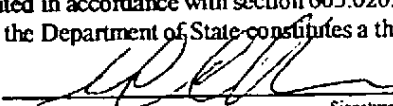
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MBR</u>	<u>Mariceli Comellas</u> <u>244 Fifth Ave. Ste P234</u> <u>New York, NY 10001</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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)

10. 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.


Signature of an authorized person

Mariceli Comellas

Typed or printed name of signee

FILED
2018 OCT - 8 PM 1:22
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

I hereby certify, that HEALTDI LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/17/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment HEALTDI LLC, changing its name to HEALDI LLC, was filed 04/23/2015.



WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 06th day of September two
thousand and eighteen.

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

Brendan W. Fitzgerald
Executive Deputy Secretary of State