

M1800000 9897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

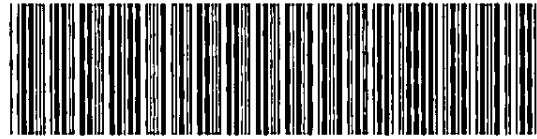
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** P L MEDICAL COMPANY, 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:

LOMA AGASHIWALA

\_\_\_\_\_  
Name of Person

MAHESHESH J AGASHIWALA CPA, PC

\_\_\_\_\_  
Firm/Company

1123 BROADWAY, SUITE 301

\_\_\_\_\_  
Address

NEW YORK, NY 10010

\_\_\_\_\_  
City/State and Zip Code

LOMA@AGASHIWALACPA.COM

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

For further information concerning this matter, please call:

LOMA AGASHIWALA

212

951-7385

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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

**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. P L MEDICAL COMPANY, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. State of Connecticut 3. 06-1546191  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/31/2018  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 117 West Dudley Town Road, 6. c/o 1123 Broadway, #301  
(Street Address of Principal Office) (Mailing Address)  
Bloomfield, CT 06002 New York, NY 10010

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

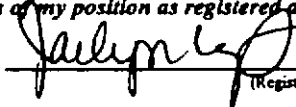
Name: Registered Agent Solutions, Inc

Office Address: 155 Office Plaza Dr., Suite A

Tallahassee, Florida 32301  
(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.*



Jaclyn Wright, Asst. Secretary

(Registered agent's signature)

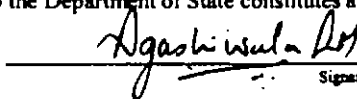
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
OWNER	<u>SUDHA KANWAR</u> <u>1152 FARMINGTON</u> <u>WEST HARTFORD CT. 06107</u>		
OWNER	<u>RAHOUL KANWAR</u> <u>46 Wattleston av</u> <u>West Hartford CT. 06107</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

Loma Agashiwala

Typed or printed name of signer

OCT 26 PM 1:10

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that articles of organization for

PL MEDICAL COMPANY, LLC

a domestic limited liability company, were filed in this office on April 05, 1999.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such  
limited liability company is in existence.



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Secretary of the State

Date Issued: September 10, 2018