

M190000004041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

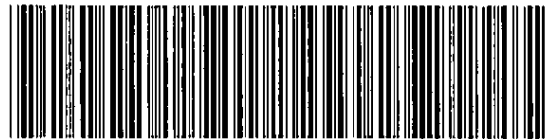
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

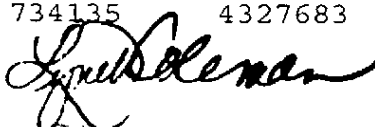


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RECEIVED
19 APR 22 AM 10:36
TALLAHASSEE, FLORIDA
2019 APR 22 11:10:39
STATE OF FLORIDA
DEPARTMENT OF REVENUE

4-23-19
BK

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 734135 4327683
AUTHORIZATION : 
COST LIMIT : \$ 155.00

ORDER DATE : April 19, 2019
ORDER TIME : 8:44 AM
ORDER NO. : 734135-005
CUSTOMER NO: 4327683

FOREIGN FILINGS

NAME: MY WAY MOBILE WELLNESS LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MY WAY MOBILE WELLNESS 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:

JANE CHEN

Name of Person

FORCHELLI DEEGAN TERRANA LLP

Firm/Company

333 EARLE OVINGTON BLVD., SUITE 1010

Address

UNIONDALE, NEW YORK 11553

City/State and Zip Code

scott@cardiovasculartesting.com

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

For further information concerning this matter, please call:

SCOTT FRANKEL

Name of Contact Person

at (516)
Area Code

488-5050

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. MY WAY MOBILE WELLNESS 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 STATE

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

3.

(FBI number, if applicable)

4.

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

5. 7900 GLADES ROAD, SUITE 350

(Street Address of Principal Office)

BOCA RATON, FL 33434

6. 7900 GLADES ROAD, SUITE 350

(Using Address)

BOCA RATON, FL 33434

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

Name:

Perry Frankel

Office Address:

7900 GLADES ROAD, SUITE 350

BOCA RATON

(City)

Florida 33434

(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:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Chief Executive Officer

Perry Frankel

4101 Arville Road, Suite 200
New Hyde Park, NY 11042

Chief Operating Officer

Scott Frankel

4101 Arville Road, Suite 200
New Hyde Park, NY 11042

(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 § 817.155, F.S.

Signature of an authorized person

Perry Frankel

Typed or printed name of signer

2019 APR 22 PM 10:03

FILED
APR 22 2019
CLERK OF THE
COURT

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

I hereby certify, that MY WAY MOBILE WELLNESS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/14/2017, and that the 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 18th day of April
two thousand and nineteen.*

A handwritten signature in black ink, reading "Whitney Clark". The signature is written in a cursive style with a large, stylized "W" and "C".

Whitney Clark
Deputy Secretary of State