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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: New Dawn Laboratories, 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:

Harold Shatz

Name of Person

Better Patient Healthcare, LLC

Firm/Company

902 Clint Moore Road, Suite 124

Address

Boca Raton, FL 33487

City/State and Zip Code

harold@newdawnlab.com

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

For further information concerning this matter, please call:

Harold Shatz

561

302-5522

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

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. New Dawn Laboratories, 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. Texas
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FBI number, if applicable)
4. January 10, 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 4025 Willowbend
(Street Address of Principal Office)
Suite 305
Houston, TX, 77025
6. 4025 Willowbend
(Mailing Address)
Suite 305
Houston, TX, 77025
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Harold Shatz
- Office Address: 902 Clint Moore Road, Suite 124
Boca Raton, Florida 33487
(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.

Harold Shatz 4/18/19
(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>
CEO	<u>Harold Shatz</u> <u>Better Patient</u> <u>Healthcare</u>	Mgr.	<u>Michael Stewart</u> <u>AccessDX</u>
Mgr.	<u>Frank Maglioche</u> <u>Grace Health</u> <u>Technology</u>		

(Use attachments if necessary) see attachment.

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.

Harold Shatz 4/18/19
Signature of an authorized person

Harold Shatz, CEO

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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2019 APR 26 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTACHMENT to Application by Foreign LLC for Authorization to Transact Business in Florida:

Title or Capacity:
CEO, New Dawn Laboratories and
Manager representing Member Better Patient Healthcare:

Name and Address:
Harold Shatz
Better Patient Healthcare
902 Clint Moore Road, Suite 124
Boca Raton, FL 33487

Title or Capacity:
Manager representing Member AccessDX:

Name and Address:
Michael Stewart
AccessDX
10301 Stella Link Road
Suite C
Houston, TX, 77025

Title or Capacity:
Manager representing Member Grace Health Technology Corp:

Name and Address:
Frank Magliochetti
4734 Wildewood Drive
Delray Beach, FL 33445



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for New Dawn Laboratories, LLC (file number 803006455), a Domestic Limited Liability Company (LLC), was filed in this office on May 03, 2018.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 22, 2019.



A handwritten signature in black ink, appearing to read "David Whitley".

David Whitley
Secretary of State