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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

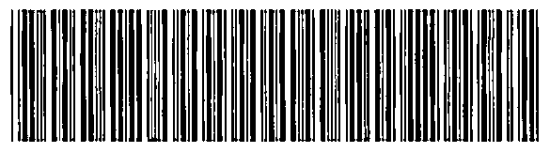
(Business Entity Name)

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TALLAHASSEE, FLORIDA
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Y SCOTT
MAY 16 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grassi Healthcare Advisors, 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:

Ronald Eagar

Name of Person

Grassi Healthcare Advisors, LLC

Firm/Company

50 Jericho Quadrangle

Address

Jericho, NY 11753

City/State and Zip Code

reagar@grassicpas.com

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

For further information concerning this matter, please call:

Ronald Eagar

516

336-2460

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$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. Grassi Healthcare Advisors, 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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. 82-2449983 (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. 50 Jericho Quadrangle (Street Address of Principal Office)
Jericho, NY 11753
6. 50 Jericho Quadrangle (Mailing Address)
Jericho, NY 11753

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

Name: Hubco Registered Agent Services, Inc.
Office Address: 155 Office Plaza Drive, 1st Floor
Tallahassee, Florida 32301

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.

Bruce B. Hubbard, Pres (Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

Manager Name: Louis Grassi

Member Address: Grassi Healthcare Advisors

Authorized Person 50 Jericho Quadrangle
Jericho, NY 11753

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Joseph Tomaino

Member Address: Grassi Healthcare Advisors

Authorized Person 50 Jericho Quadrangle
Jericho, NY 11753

Other _____ Other _____

Manager Name: Ronald Eagar

Member Address: Grassi Healthcare Advisors

Authorized Person 50 Jericho Quadrangle
Jericho, NY 11753

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized Person _____

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

Ronald J. Eagar
Signature of an authorized person

Ronald J. Eagar
Typed or printed name of signee

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 2019 MAY 0 PM 3:40
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

State of New York
Department of State } ss:

I hereby certify, that GRASSI HEALTHCARE ADVISORS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/03/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 30th day of April two
thousand and nineteen.*

A handwritten signature in black ink that reads "Whitney Clark". The signature is written in a cursive style.

Whitney Clark
Deputy Secretary of State