

Division of Corporations

Page 1 of 2

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FOX ROTHSCHILD LLP
Account Number : 120130000024
Phone : (215) 299-2162
Fax Number : (215) 299-2150

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: jmiranda@foxrothschild.com

Foreign Limited Liability Company
Custom Healthcare Solutions LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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MAY 31 2019

Electronic Filing Menu

Corporate Filing Menu

Help

H19000172519 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN 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. Custom Healthcare Solutions 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.

(FID number, if applicable)

4.

(Have and branch(es) business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

228 East 45 Street, 12th Floor

5. (Street Address of Principal Office)

New York, NY 10017

228 East 45 Street, 12th Floor

6. (Mailing Address)

New York, NY 10017

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

Name: Corporate Creations Network Inc.

Office Address: 11380 Prosperity Farms Road, Suite 221E

Palm Beach Gardens

33410

(City)

Florida

(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.

Jenisa Irizarry, Special Secretary

(Registered agent's signature)

2019 MAY 30 AM 9:10

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H19000172519 3

H19000172519 3

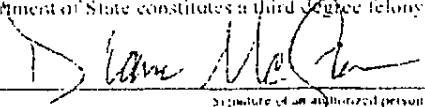
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Diane McGaw</u>	☐ Manager	Name: _____
☐ Member	Address: <u>228 East 45 Street, 12th Floor</u>	☐ Member	Address: _____
☐ Authorized	<u>New York, NY 10017</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ 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.



 Signature of an authorized person

Diane McGaw

Typed or printed name of author

H19000172519 3

H19000172519 3

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

I hereby certify, that CUSTOM HEALTH CARE SOLUTIONS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/24/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment CUSTOM HEALTH CARE SOLUTIONS LLC, changing its name to CUSTOM HEALTHCARE SOLUTIONS LLC, was filed 05/11/2007.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 15th day of May two
thousand and nineteen.*

Whitney Clark
Deputy Secretary of State