

7/17/2019

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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

**Foreign Limited Liability Company
ASSURECARE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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M. SOLOMON

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ASSURECARE, 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. OH 3. 46-5592345
(Jurisdiction under the law of which foreign limited liability company is organized) (FEL number, if applicable)

4. 03/21/2019
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0404 & 605.0905, F.S., to determine priority liability)

5. 250 West Court Street, Suite 400W 6. 250 West Court Street, Suite 400W
(Street Address of Principal Office) (Mailing Address)
Cincinnati, OH 45202 Cincinnati, OH 45202

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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.

By: Christine Kelm **Christine Kelm**
(Registered agent's signature) **Assistant Secretary**

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HALL COUNTY, OHIO

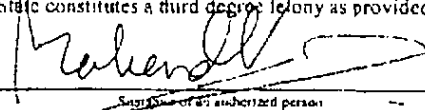
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Mahendra B. Vora</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>10290 Alliance Road</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Blue Ash, OH 45242</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>Anshree Vora</u>	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: <u>10290 Alliance Road</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Blue Ash, OH 45242</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input checked="" type="checkbox"/> Manager	 Name: <u>Dr. Yusuf Ahmad</u>	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: <u>10290 Alliance Road</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Blue Ash, OH 45242</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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
 Mahendra B. Vora Manager

Typed or printed name of signer

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 CLERK OF STATE
 ATTORNEY GENERAL

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UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ASSURECARE, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2292711, was organized within the State of Ohio on May 6, 2014, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th day of July, A.D. 2019.

A handwritten signature in cursive script, reading "Frank LaRose".

Ohio Secretary of State

Validation Number: 201919800848