



CENTERS PLAN
FOR HEALTHY
LIVING

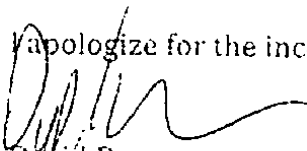
75 Vanderbilt Avenue, Staten Island NY 10304 1-844-CPHL-CARES

August 20, 2019

To Whom it may concern

There was an mistake in our foreign limited liability application. I erroneously put down 10/2018 for the "date of first business transactions" but in actuality the correct date was January 2019

I apologize for the inconvenience.



David Borgen

2019 AUG 21 PM 4:34
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2019

DAVID BORGEN
75 VANDERBILT AVE.
STATEN ISLAND, NY 10304

SUBJECT: CENTERS PLAN FOR HEALTHY LIVING LLC
Ref. Number: W19000077019

We have received your document for CENTERS PLAN FOR HEALTHY LIVING LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 819A00017117

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTERS PLAN FOR HEALTHY LIVING 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:

DAVID BORGEM

Name of Person

CENTERS PLAN FOR HEALTHY LIVING

Firm/Company

75 VANDERBILT AVE SUITE 700

Address

STATEN ISLAND NY 10304

City/State and Zip Code

DBORGEM@CENTERSPLAN.COM

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

For further information concerning this matter, please call:

DAVID BORGEM

Name of Contact Person

at (714)

Area Code

215 7000

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

2019 AUG 21 PM 4:34
TALLAHASSEE, FLORIDA

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. CEMERS PLAN FOR HEALTHY LIVING 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. NY
(Jurisdiction under the law of which Foreign Limited Liability Company is organized)

3. _____
(FBI number, if applicable)

4. 1/2019
(Date first transacted business in Florida, if prior to registration;
See sections 605.0604 & 605.0605, F.S. to determine penalty liability)

5. 75 VANDERBILT AVE
(Street Address of Principal Office)

6. SAME
(Mailing Address)

STATEN ISLAND NY 10304

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

Name: 5297 W COPANS RD LLC

Office Address: 5297 W COPANS RD

MARLATE, Florida 33063
(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.

[Signature]
(Registered agent's signature)

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FLORIDA

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: MARK BLOOM

☐ Member Address: 75 VANDERBILT AVE

☐ Authorized SIPAH ISLAND NY 10304

Person _____

☒ Other CEO ☐ Other _____

☒ Manager Name: LOUI LOUVE

☐ Member Address: 5217 W COPELAND

☐ Authorized MARLBOROUGH FL 33063

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: DAVID BORGAN

☐ Member Address: 75 VANDERBILT AVE

☒ Authorized SIPAH ISLAND NY 10304

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

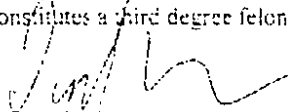
Person _____

☐ 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.



Signature of an authorized person

DAVID BORGAN

Typed or printed name of signer

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

I hereby certify, that CENTERS PLAN FOR HEALTHY LIVING LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/18/2011, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Amendment was filed on 05/31/2012.

A Biennial Statement was filed 10/23/2013.

A Biennial Statement was filed 04/23/2018.

A Certificate of Amendment was filed on 10/04/2018.

A Certificate of Publication of CENTERS PLAN FOR HEALTHY LIVING LLC was filed on 03/07/2019.

I further certify, that no other documents have been filed by such Limited Liability Company.



Witness my hand and the official seal
of the Department of State at the City
of Albany, this 02nd day of August
two thousand and nineteen.

Brendan C. Hughes

Brendan C. Hughes
Deputy Secretary of State

2019 AUG 21 PM 4:34