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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 : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800) 906-9220
Fax Number : (800) 906-9880

****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
SUPERIOR VOCAL HEALTH LIMITED LIABILITY
COMPANY**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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SEP 10 2019

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPERIOR VOCAL HEALTH LIMITED LIABILITY COMPANY
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:

STEVEN WEISS

Name of Person

ALLSTATE CORPORATE SERVICES CORP.

Firm/Company

2215 Hendrickson Street, Suite 1

Address

Brooklyn, NY 11234

City/State and Zip Code

FILING@ACS123.COM

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

For further information concerning this matter, please call:

NAOMI OSTOPOWITZ

at (800)

906-9220

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. SUPERIOR VOCAL HEALTH LIMITED LIABILITY COMPANY

(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.

(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)

15495 TALL OAK AVENUE

5.

(Street Address of Principal Office)

DELRAY BEACH, FL 33446

15495 TALL OAK AVENUE

6.

(Mailing Address)

DELRAY BEACH, FL 33446

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

Name:

JAN SCHWARTZ

Office Address:

15495 TALL OAK AVENUE

DELRAY BEACH

(City)

, Florida

33446

(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.


(Registered agent's signature)

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: JAN SCHWARTZ

☒ Member Address: 15495 TALL OAK AVENUE

☐ Authorized DELRAY BEACH, FL 33446

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: DAVID KATZ

☒ Member Address: 138 LIDO BLVD.

☐ Authorized LIDO BEACH, NY 11561

Person _____

☐ 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 _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

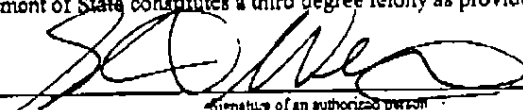
Person _____

☐ 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

STEVEN WEISS

Typed or printed name of signer

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

I hereby certify, that SUPERIOR VOCAL HEALTH LIMITED LIABILITY COMPANY a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/25/2010, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Biennial Statement was filed 05/04/2012.

A Biennial Statement was filed 05/22/2014.

Certificate of Change was filed on 10/08/2015.

A Biennial Statement was filed 05/07/2018.

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 17th day of September
two thousand and nineteen.

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State