

N190000011022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

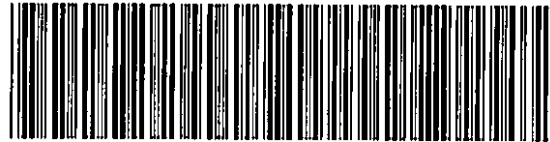
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W19000095505

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Office Use Only



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10/18/19--01021--017 \*\*125.00

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2019 OCT -8 PM 3:44

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 29, 2019

JONATHAN HINDS  
17880 KEY VISTA WAY  
BOCA RATON, FL 33496

SUBJECT: HINDS4HEALTH LLC  
Ref. Number: W19000095505

We have received your document for HINDS4HEALTH LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 119A00022239

**RECEIVED**  
NOV - 8 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HINDS4HEALTH 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:

Jonathan Hinds

\_\_\_\_\_  
Name of Person

HINDS4HEALTH LLC

\_\_\_\_\_  
Firm/Company

17880 Key Vista Way

\_\_\_\_\_  
Address

Boca Raton, FL 33496

\_\_\_\_\_  
City, State and Zip Code

hindsjas12@gmail.com

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Hinds

732

318-5533

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  
2601 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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1 HINDS4HEALTH LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name is available, 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 Jersey

31-3681525

Jurisdiction under the law of which foreign limited liability company is organized

(LLC number, if applicable)

4

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.004 & 605.005, F.S., to determine penalty liability)

17880 Key Vista Way

17880 Key Vista Way

Street Address of Principal Office

Mailing Address

Boca Raton, FL 33496-1040

Boca Raton, FL 33496-1040

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

Name:

Jonathan Hinds

Office Address:

17880 Key Vista Way

Boca Raton

Florida

33496

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.

Registered agent's signature

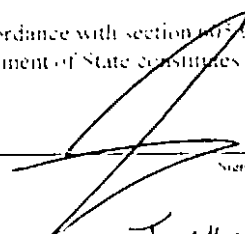
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Jonathan Hinds</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>17880 Key Vista Way</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Boca Raton, FL 33496-1040</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<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 607.0203 (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  
Jonathan A. Hinds  
 \_\_\_\_\_  
 Typed or printed name of signer

STATE OF NEW YORK  
DEPARTMENT OF THE TREASURY  
FIDUCIARY CERTIFICATE

INVESTMENT OF FUNDS  
IN THE DEPARTMENT OF THE TREASURY  
IN THE FIDUCIARY CERTIFICATE

THE TREASURER OF THE STATE OF NEW YORK, DO HEREBY CERTIFY, THAT THE ABOVE  
NAMES BEING INDICATED IN THE DEPARTMENT OF THE TREASURY FIDUCIARY CERTIFICATE  
AND THAT THE SAME ARE IN A TRUE AND CORRECT STATEMENT AS THE SAME ARE TAKEN  
FROM AND COMPARED WITH THE ORIGINALS FILED IN THIS OFFICE AND NOW REMAINING  
AND IN FORCE.

IN WITNESS WHEREOF, I HAVE HERETOBY  
SIGNED AND AFFIXED MY OFFICIAL SEAL AT  
ALBANY, THIS  
NINETEENTH DAY OF APRIL, 1919.



*Elizabeth James Wood*  
ELIZABETH JAMES WOOD  
STATE TREASURER

WITNESSED BY ME AT ALBANY

THIS NINETEENTH DAY OF APRIL, 1919.

FILED IN THE DEPARTMENT OF THE TREASURY

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**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

**HINDS4HEALTH LLC**

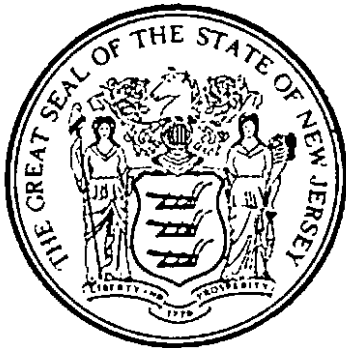
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*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 26, 2016.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey. Annual Reports are outstanding for the following year(s): 2019*

*I further certify that the registered agent and office are:*

JONATHAN A. HINDS  
10 VERONICA COURT  
NEW EGYPT, NJ 08533



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
4th day of November, 2019

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6102102655

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

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