

M20000001714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

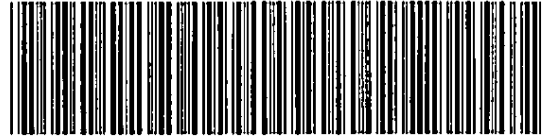
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700339868557

02/03/20--01008--019 \*\*160.00

Sec. of State  
TALLAHASSEE, FLORIDA

2020 FEB -3 PM 2:35

FILED

45

✓

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STEADFAST CAREGIVERS 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:

ANDREW A. PRIETO  
Name of Person

STEADFAST CAREGIVERS  
Firm/Company

647 FRANKLIN AVE 1R  
Address

GARDEN CITY, NY 11530  
City/State and Zip Code

ALEXANDER@STEADFASTCAREGIVERS.COM  
ANDREW@STEADFASTCAREGIVERS.COM  
E-mail address: (to be used for future annual report notification)

2020 FEB - 3 PM 2:35  
TALLAHASSEE FLORIDA  
FILED

For further information concerning this matter, please call:

ANDREW A. PRIETO at 956 - 229 - 1847  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. STEADFAST CAREGIVERS 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. 27-0582602  
(FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 647 FRANKLIN AVE 1R  
(Street Address of Principal Office)

6. Same  
(Mailing Address)

GARDEN CITY, NY 11530

FILED  
2020 FEB -3 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ANDREW A. PERIO  
Name: \_\_\_\_\_

Office Address: 300 SE 2ND STREET STE. 600  
FORT LAUDERDALE, Florida 33301  
(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)

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: ANDREW A. PRIETO

☒ Member

Address: 4217 CORPORAL KENNEDY ST  
2D

☒ Authorized

BAYSIDE NY 11361

Person

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☒ Manager

Name: ANDREW A. PRIETO Sr.

☒ Member

Address: 1299 CORPORATE DR  
APT 1308

☒ Authorized

WESTBURY NY 11590

Person

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other

☐ Other

☐ Manager

Name: \_\_\_\_\_

☐ Member

Address: \_\_\_\_\_

☐ Authorized

\_\_\_\_\_

Person

☐ Other

☐ Other

FILED  
2020 FEB -3 PM 2:35  
TALLAHASSEE, FLORIDA  
SICILIANO

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.

CPA

Signature of an authorized person

ANDREW PRIETO

Typed or printed name of signee

State of New York  
Department of State } ss:

I hereby certify, that STEADFAST CAREGIVERS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/21/2009, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



FILED  
2020 FEB -3 PM 2:35  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

\*\*\*

WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 21st day of January two  
thousand and twenty.

*Brendan C Hughes*

Brendan C Hughes  
Executive Deputy Secretary of State