## M2000004504

(Re	questor's Name)	
(Ad	dr <b>e</b> ss)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
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MAY 15 2020 M. SOLOMON

## **COVER LETTER**

TO:

Registration Section

BJECT:	119JR Air, LLC JECT:				
Name of Limited Liability Company					
		Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Flo			
ase return	all correspondence concerning this matter t	o the following:			
	Peter A. Speranza				
		Name of Person			
	OnePoint Patient Care, LLC				
		Firm/Company			
	8130 Lehigh Ave.				
		Address			
	Morton Grove IL 60053				
	C	ity/State and Zip Code			
	psperanza@oppc.com				
	E-mail address: (to be	used for future annual report notification)			
r further ir	nformation concerning this matter, please ca	II:			
Pete	er Speranza	847 583-5675 at ( )			
	Name of Contact Person	at () Area Code Daytime Telephone Number			
Reg	iling Address: gistration Section	Street Address: Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
Tallahassee, Fl. 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the following amount:				

## 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] 119JR. Air.: LLC

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

Raine unavailable, enter avervale i	name adopted for the purpose of transacting business in E	Torida The alternate nam	e must include "Limited Liability (	ompany,""L.L.C," or "LL.C."
Delaware		3		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	· <u></u> -	(FEI number, if ap	plicable)
April 15, 2020				
·····	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) nine penalty liability)		
11219 Interchange Circ	cle South	8130 Leł	igh Ave.	
eet Address of Principal Office)		(Mail	ing Address)	
Miramar FL 33025		Morton (	Grove IL 60053	
	· · · · · · · · · · · · · · · · · · ·	<del></del>		
Name and street address Name:	SS of Florida registered agent: (P.O. Bot Corporation Service Company	x <u>NOT</u> acceptable	<b>:</b> )	STORETARY PH PK
			*)	# 20 MA
Name:	Corporation Service Company 1201 Havs Street		3230   Florida (Zip code)	28 MAY ILL PH I 3

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.

Deb	Reeves	
	(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:	Title or Capacity	<u>::</u>	Name and Address:
□Manager	Name: OnePoint Patient Care, LLC	□Manager	Name:	<del></del>
■Member	Address: 8130 Lehigh Ave.	□Member	Address:	
□Authorized	Morton Grove IL 60053	□Authorized		
Person		Person	<del></del>	
Other	Other	□Other	<del></del>	□Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	227 AD
□Authorized		□Authorized		Gibb
Person		Person		A A
□Other	□Other	□Other		□Other · C · · · · · · · · · · · · · · · · ·
□Manager	Name:	□Manager	Name:	1:39
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		<del></del>
□Other	Other	□Other	<del></del>	□ 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

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "119JR AIR, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE THIRD DAY OF APRIL, A.D. 2020.

at corn delaware gov/aut

Authentication: 202714523

Date: 04-03-20



April 21, 2020

PETER A SPERANZA 8130 LEHIGH AVE MORTON GROVE, IL 60053

SUBJECT: 119JR AIR, LLC Ref. Number: W20000039322

We have received your document for 119JR AIR, 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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 520A00008304

RECEIVED