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**To:**

Division of Corporations  
Fax Number : (850)617-6383

**From:**

Account Name : M. BURR KEIM COMPANY  
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**Foreign Limited Liability Company  
MARLIN VENTURES LLC**

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JUN 01 2020

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN 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 FLORIDA1 MARLIN VENTURES LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

FP HEALTHCARE SOLUTIONS LLC

(if name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC")

2 Pennsylvania  
(Jurisdiction under the law of which foreign limited liability company is organized)3  
(FEC 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)5 6640 W Touhy Avenue  
(Street Address of Principal Office)6 P O Box 1030  
(Mailing Address)

Niles, IL 60714

Brick, NJ 08723

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

Name W Bradley Munroe, Esquire

Office Address 239 East Virginia Street

Tallahassee 32301  
(City) Florida (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.W. Bradley Munroe  
(Registered agent's signature)

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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 checked="" type="checkbox"/> Manager	Name <u>Changing Patterns LLC</u>	<input type="checkbox"/> Manager	Name _____
<input type="checkbox"/> Member	Address <u>1608 Route 88, Suite 200</u>	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized	<u>Brick, NJ 08724</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 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.

*Yitzchok Rokowsky*

\_\_\_\_\_  
Signature of an authorized person

Yitzchok Rokowsky

\_\_\_\_\_  
Typed or printed name of signer

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE

05/28/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING

I DO HEREBY CERTIFY THAT,

MARLIN VENTURES LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

A handwritten signature in black ink that reads "Kathy Bookman".

Secretary of the Commonwealth

Certification Number TSC200528152231-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

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