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

From:
Account Name : VCORP SERVICES, LLC
Account Number : I20080C00067
Phone : (845) 425-0077
Fax Number : (845) 818-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: statenotices@vcorp-services.com

Foreign Limited Liability Company
PREMIER HEALTHCARE MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

AUG 27 2020

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. PREMIER HEALTHCARE MANAGEMENT LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. New York 3. 46-5038253
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI 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)

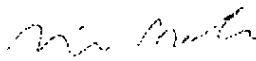
5. 199 COMMUNITY DR. 6. 199 COMMUNITY DR.
(Street Address or Principal Office) (Mailing Address)
Great Neck, NY 11021 Great Neck, NY 11021

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

Name: Vcorp Services, LLC
Office Address: 5011 South State Road 7, Suite 106
Davie, Florida 33314
(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}:

Title or Capacity: Name and Address:

☒ Manager Name: Jacob Sod

☐ Member Address: 58 Larch Hill Road

☐ Authorized Lawrence, New York 11559

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: Jonathan Bleier

☐ Member Address: 1 Sam Law Drive

☐ Authorized Monsey, New York 10952

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

Jacob Sod

Typed or printed name of signee

Typed or printed name of signee

State of New York
Department of State } ss:

I hereby certify, that PREMIER HEALTHCARE MANAGEMENT LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/05/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of PREMIER HEALTHCARE MANAGEMENT LLC was filed on 05/02/2014.

A Biennial Statement was filed 11/10/2016.

A Biennial Statement was filed 12/14/2018.

A Biennial Statement was filed 08/13/2020.

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 25th day of August
two thousand and twenty.*

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State

