

M20000007482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

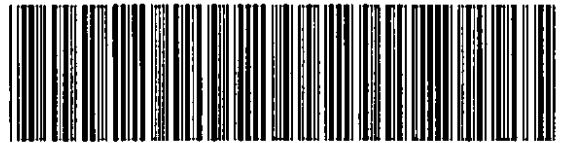
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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02/25/20--01012--024 \*\*78.75

08/05/20--01025--008 \*\*78.25

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ST. LOUIS, MO  
2020

AUG 28 2020

M. SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: G&M HEALTH 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:

PISHOY FAHMI

Name of Person

PNF ACCOUNTING

Firm/Company

197 ROUTE 18 S

Address

EAST BRUNSWICK, NJ 08116

City/State and Zip Code

pfahmi@pnfcpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PISHOY FAHMI

732

605-1529

Name of Contact Person

at ( )

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

IN COMPLIANCE WITH SECTION 602.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

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

2. \_\_\_\_\_ (Jurisdiction under the law of which foreign limited liability company is organized) \_\_\_\_\_ (TIN number, if applicable)

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0903 and 605.0905, F.S., to determine penalty holidays.)

5. \_\_\_\_\_  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

BRIDGEWATER NJ 08807

ST. PETERSBURG 33702  
\_\_\_\_\_, Florida  
(City) (Zip code)

Bill Hare  
(Registered agent's signature)

<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>IBAB GHALY</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>223 NAVAJO CT</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>MORGANVILLE NJ 07751</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 _____

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

IBAB GHALY

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

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

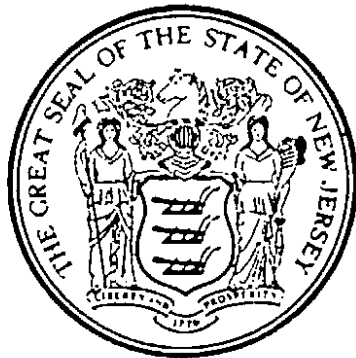
**G&M HEALTH LLC**  
0400286437

*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 May 11, 2009.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

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

**BOB MELILLO  
1160 US 22 EAST  
SUITE 302  
BRIDGEWATER, NJ 08807**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
18th day of August, 2020*

**Elizabeth Maher Muoio  
State Treasurer**

*Certificate Number : 6110250277*

*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)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2020

PISHOY FAHMI  
197 ROUTE 18 S  
EAST BRUNSWICK, NJ 08816 US

SUBJECT: G&M HEALTH LLC  
Ref. Number: W20000024976

We have received your document for G&M HEALTH LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 620A00014886

RECEIVED

AUG 24 2020

RECEIVED  
AUG 24 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2020

PISHOY FAHMI  
197 ROUTE 18 S  
EAST BRUNSWICK, NJ 08816 US

SUBJECT: G&M HEALTH LLC  
Ref. Number: W20000024976

We have received your document for G&M HEALTH LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We have received your document for G&M HEALTH LLC and check(s) totaling \$78.75. However, the document has not been filed and is being returned for the following reason(s):

76.25  
There is a balance due of ~~\$46.25~~. Please return a copy of this letter to ensure your money is properly credited.

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) 245-6052.

Tacarri K Glass  
Regulatory Specialist II

Letter Number: 920A00005016

RECEIVED

AUG 03 2020

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314