2000007482

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nam	e)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	- 	





400349731784

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

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



AUG 28 2020 M. SOLOMON

COVER LETTER

G&M HEALTH LLC JECT:	
	Same of Limited Liability Company
	lity Company for Authorization to Transact Business in Florida," Certific ove referenced foreign limited liability company to transact business in F
se return all correspondence concerning this matt	ter 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@pntcpa.com	
E-mail address: (1	o be used for future annual report notification)
urther information concerning this matter, please	e call:
PISHOY FAHMI	732 605-1529 at ()
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	·

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPTANCE WITH SECTION (05.0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTERA FOREKIN. LIMITED LIABILITY COMPANY TOTRANNACT BUSINESS IN THE STATE OF FLORIDA

G&M HEALTH LLC (Name of Toreign	Limited Liability Company, must include "Limit	ed Liability Company T. L. C., "no. H. C.")	
name unavailable, enter alternate i	name adopted for the purpose of transacting business in	Boods. The alternate name must include "Constet Fullship Co	ompony, ""L.1, C, " oc. "L.0
NEW JERSEY		27-0149182	
(Imisdiction under the law of w	bich foreign limited liability company is expanized)	(l'Cloumber d'app	Lyable)
01/01/2020			
	(Date first transacted husiness in Florida, if prior (o rresslation)	
	(See sections 605 0904 & 605 0905, L.S. to deter	pine penalty habitary)	
1160 US HWY 22 EAST # 302		1160 US HWY 22 EAST # 302	
ect Address of Principal Office)		6. (Mailing Address)	
BRIDGEWATER NJ 0	18807	BRIDGEWATER NJ 08807	
			* 52
4.00			
Name and street addres	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)	-
			- 2
	REGISTERED AGEN'KINC		Fä
Name:			₹5 M
	7901 4TH ST N, STE 300		.1012 48 179
Office Address:			•
	ST. PETERSBURG	33702	
	(Cn-)	, 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.

(Registered agent's signature)

	r	1
•	_	3

8. For initial indexing pur manage (up to six (6) total)		faddresses of the primary members/ma	anagers or persons authorized to
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
77.4 November 1	THAB GHALY	Citatanager Name:	

Fitle or Capacity:	Name and Address:	Title or Capacit	<u> Y1</u>	Name and Add	iress:
□Manager	Name: HAB GHALY	[]Manager	Name:		
■Member	Address: 223 NAVAJO CT	□Member	Address:		
□Authorized	MORGANVILLE NJ 07751	□ Authorized			
Person		Person			
∐Other		[]Other		[]Other	
l JManager	Name:	∐Manager	Name;		
l IMember	Address:	□Member	Address:		
[]Authorized		ClAuthorized		 -	- 23
Person		Person		•	
Other	□Other	口Other		□Other	
				•	اگذا
∐Manager	Name:	□Manager	Name:		<u> အိန်</u> (၁)
□Member	Address:	□Member	Address:		
□Authorized		[]Authorized			
Person		Person			<u> </u>
F1Other	□Other	□Othet		[]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
THAR GHALY	
	Expect or proceed name of signific

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

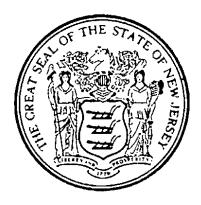
G&M HEALTH LLC 0400286437

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

den A Mu

Certificate Number: 6110250277

Verify this certificate online at

https://www.L.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

RECEIVED AUG 24 LAND

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):

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

AUG 0 3 2020

RECEIVED