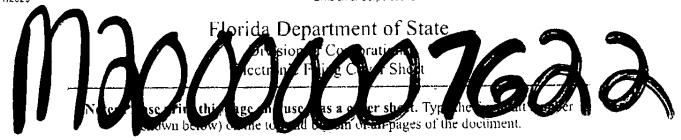
9/1/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077

: (845)818-3588 Fax Number

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

Email Address:\_\_

Foreign Limited Liability Company Lutz Rehab and Health Center LLC

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

,	Limited Liability Company; must include "Limited l	Liability Com	printy, Litzer, or FIG. J		
name unavarlable, enter alternate ti	name adopted for the purpose of transacting business in Flor	ida. The alterna	ne name must include "Limited Liabit	ity Company," "L.L.C." or "L	
DE					
(Jurisdiction under the law of which foreign limited hability company is organized)		3	(E).I number, if applicable)		
				<del></del>	
	(Date first transacted business in Florida, if prior to te (See sections 605 0901 & 605 0905, F.S. ta determine	gistration ) penalty liabilit	15)		
1000 Gates Ave. 5th F	I		0 Gates Ave, 5th Fl		
eet Address of Principal Office)	· 	б	(Mailing Address)		
Brooklyn, NY 11221		Bro	oklyn, NY 11221		
				<u> </u>	
Name and <u>street address</u> Name:	ss of Florida registered agent: (P.O. Box  Veorp Services, LLC	NOT accep	otable)	22 day 22 day 23	
		NOT acces	otable)	220 St	
Name:	Veorp Services, LLC 5011 South State Road 7, Suite 106 Davic	NOT acces	MCLAHACLE C	2121 322 - 1 30 2	
Name:	Veorp Services, LLC 5011 South State Road 7, Suite 106	NOT acces	Florida (Zm rode)	2128 327 - 1 30 325	
Name: Office Address: egistered agent's acceptaing been named as resignated in this applice	Veorp Services, LLC 5011 South State Road 7, Suite 106  Davie	rocess for i	Florida 33314 70 (Zap rode)  (Zap rode)  the above stated limited lia agent and agree to act in	this capacity. I furti	
Name: Office Address: egistered agent's acceptaing been named as resignated in this applice	Veorp Services, LLC  5011 South State Road 7, Suite 106  Davic  (Cay)  otance: egistered agent and to accept service of pation, I hereby accept the appointment as ions of all statutes relative to the proper	rocess for i	Florida 33314 70 (Zap rode)  (Zap rode)  the above stated limited lia agent and agree to act in	this capacity. I furti	

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:	Name	and Address:
□Manager	Name: Leopold Friedman	□ Manager	Name:	
□Member	Address:	□ Member	Address:	
■Authorized	Brooklyn, NY 11221	☐ Authorized		
Person		Person		<del> </del>
□Other	☐ Other	_Other		er
□Manager	Name:	∏Manager	Name:	
□Member	Address:	□ Member	Address:	
□Authorized		☐ Authorized		
Person		Person		
□Other	Cother	_ Other	\\ \tag{\tag{O}}\	cr
_		Thinne are	Name:	
□Manager	Name:	☐ Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		Authorized		
Person		Person		
□Other	COther	Other		er

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	
Leopold Friedman		
	Tured or printed game of suggest	

## **)**elaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LUTZ REHAB AND HEALTH CENTER 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 FIRST DAY OF SEPTEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUTZ REHAB AND HEALTH CENTER LLC" WAS FORMED ON THE FOURTEENTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203575836

Date: 09-01-20