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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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

Email Address:

Foreign Limited Liability Company VivaMas Delivery Network, LLC

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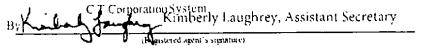
APPECATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 6002, FLORIDA STATUTEN THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

·	imited Fiability Company; must include "Limited		
(It name unavailable, enter alternate na	une adopted for the purpose of transacting pusiness in Ffe	enda lhe	alternate name must include "Limited Liability Company," "L.L.C." or "LLC
Delaware		3.	85-1240066
Unrediction under the law of w.	nich toreign limited liability company is organized)		(FEE number, if applicable)
4	(Directifies transacted business in Florida, if prior to a (See sections 605,090) & 605 (905, F.S. to determin	cgisimilor ie penalty	n) habilir,)
c/o InnovaCare Health.			e/o InnovaCare Health, L.P.
5. Estreet Address of Principal Office)		().	(Mailing Address)
44 S. Broadway, First I	Floor		44 S. Broadway, First Floor
White Plains, NY 1060	1		White Plains, NY 10601
7. Name and street address	<u>s</u> of Florida registered agent: (P,O/Box	NOT:	acceptable)
Name:	C TCorporationSystem		
Office Address:	1200SouthPineIslandRoad		
	Plantation		33324 79 2
	(Cny)		(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.



8,	For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized t	O
រារ	mage [up to six (6) total]:	

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
⊐Manager	Name: RonaldSchutzen	∏Manager	Name. Tony Mazzorana
□Member	Address: e/oInnovaCareHealth.L.P.	□ Member	Address: c/olnnovaCareHealth,L.P.
∃Authorized	448.Broadway,FirstFloor	Z Authorized	44S.Broadway,FirstFloor
Person	WhitePlains,NY10601	Person	WhitePlains,NY10601
President MOther	Other		ating OfficerOther
⊒Manager	Name: ArniePaniagua	∐Manager	Name:
∃Member	e/oInnovaCareHealth,L.P.	□Member	Address: c/oInnovaCareHealth, L.P.
□Authorized	44S.Broadway,FirstFloor	☐ Authorized	448.Broadway,FirstFloor
Person	WhitePlains, NY 10601	Person	WhitePlains,NY10601
	ncial Officer	∑Other_VicePresic	lentOther
∐Manager	Name: PaulKlausner	□ Manager	Name.
□Member	Address. c/oInnovaCareHealth,L.P.	□ Member	Address.
□Authorized	44S.Broadway,FirstFloor	□ Authorized	
Person	WhitePlains.NY10601	Person	
Secretary Solution		□Other	Other

<u>Important Notice</u>: 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 tiling your Fiorida 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.

Paul Klausner		
9-8780510009425	Signature of an authorized person	<u> </u>
PaulKlausner		
	formed as mainted name of suppose	

Delaware The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VIVAMAS DELIVERY NETWORK, 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 FIFTEENTH DAY OF SEPTEMBER, A.D. 2020.

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

Authentication: 203658367

Date: 09-15-20