

9/15/2020

Division of Corporations

M200003214273064

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H200003214273))



H200003214273ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

SEP 15 2020 14:03:05
STATE OF FLORIDA

SEP 15 2020 14:03:05
STATE OF FLORIDA

FILED

2020 SEP 15 PM 4:25

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: DB4063C8-447A-420D-B8F2-F3C6F4BA3A24

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. VivaMas Delivery Network, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C." or "LLC.")

2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 85-1240066
(FBI number, if applicable)

4.
(The first transacted business in Florida, if prior to registration)
(See sections 605.0794 & 605.0795, F.S. to determine penalty liability.)

5. c/o InnovaCare Health, L.P.
(Street Address of Principal Office)
44 S. Broadway, First Floor
White Plains, NY 10601

6. c/o InnovaCare Health, L.P.
(Mailing Address)
44 S. Broadway, First Floor
White Plains, NY 10601

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

2020 SEP 15 PM 7:41
RECEIVED
SEP 15 2020

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.

By: Kimberly Laughrey, Assistant Secretary
(Registered agent's signature)

DocuSign Envelope ID: DB4063C8-447A-420D-B8F2-F3C6F4BA3A24

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]

<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>Ronald Schutzen</u>	<input type="checkbox"/> Manager	Name: <u>Tony Mazzorana</u>
<input type="checkbox"/> Member	Address: <u>c/o InnovaCare Health, L.P.</u>	<input type="checkbox"/> Member	Address: <u>c/o InnovaCare Health, L.P.</u>
<input type="checkbox"/> Authorized Person	<u>44 S. Broadway, First Floor</u> <u>White Plains, NY 10601</u>	<input type="checkbox"/> Authorized Person	<u>44 S. Broadway, First Floor</u> <u>White Plains, NY 10601</u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Chief Operating Officer</u>	<input type="checkbox"/> Other _____


<input type="checkbox"/> Manager	Name: <u>Arnie Paniagua</u>	<input type="checkbox"/> Manager	Name: <u>Doug Malton</u>
<input type="checkbox"/> Member	Address: <u>c/o InnovaCare Health, L.P.</u>	<input type="checkbox"/> Member	Address: <u>c/o InnovaCare Health, L.P.</u>
<input type="checkbox"/> Authorized Person	<u>44 S. Broadway, First Floor</u> <u>White Plains, NY 10601</u>	<input type="checkbox"/> Authorized Person	<u>44 S. Broadway, First Floor</u> <u>White Plains, NY 10601</u>
<input checked="" type="checkbox"/> Other <u>Chief Financial Officer</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>Paul Klausner</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>c/o InnovaCare Health, L.P.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>44 S. Broadway, First Floor</u> <u>White Plains, NY 10601</u>	<input type="checkbox"/> Authorized Person	_____
<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:

 110782513209425

Signature of an authorized person

Paul Klausner

Typed or printed name of signer

Delaware

The First State

Page 1

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.



Jeffrey W. Bullock, Secretary of State

7954620 8300

SR# 20207278461

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

Authentication: 203658367

Date: 09-15-20