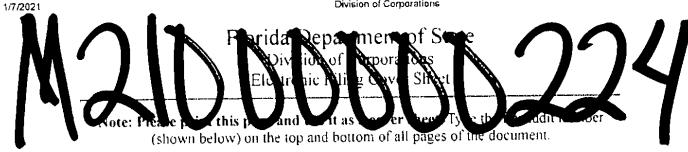
Division of Corporations



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To:

Page: 2 of 5

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

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	: <del></del>
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## Foreign Limited Liability Company Urban Health Physicians, LLC

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

JAN -8 1021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

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

IN COMPLIANCE WITH SECTION 605/002, FLORID ESTATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER 4 FOREIGN LIMITED LEABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

			: et 1 C :: e=011C
ac imiyarlable, emer alternate na	one adopted for the purpose of frunsacting business in Flor	ida. The af crusic name mass include "Uninted Liability Company,"	Luckt, MC (a) 1.
)elaware		85-4390364 3	
(Jurisdiction under the law of wh	ica foreign limited liability company is organized)	(FEI munities, if applicable)	
/1/2021			
	(Date first transacted business in Florida, if oner to re (See sections 60) (0904 & 60) 0905, F.S. to determine	gustration) e penatry liabitity)	
265 W Hwy 50,		44 South Broadway, 1st Floor	
r Address of Principal Office)		6. (Mailing Address)	
Clermont, Florida 3471	1	White Plains, NY 10601	. <u> </u>
		<del></del> -	
Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	•
Name:	C T Corporation System		2) 2- 20 20
Office Address:	1200 South Pine Island Road		-1
Office Francisco	Plantation	33324 , Florida	ness;
	(Lity)	(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.

	C T Cornoration System
<u>Ву:</u>	(Registered agent's signature)

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]:	

Fitle or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
 ⊒Manager	Name:	□Manager	Name:	
■Member	Address: 44 South Broadway, 1st Floor	□Member	Address: 851 Douglas Ave	
⊒Authorized	White Plains, NY 10501	■ Authorized	Altamonte Springs, FL 32714	
Person		Person		
□Other	_	□Other	Other	
⊒Manager	Name: Michael Sortino	⊡Manager	Name:	
_Member	Address: 44 South Broadway, 1st Floor	□Member	Address: 44 South Broadway, 1st Floor White Plains, NY 10601	
■Authorized	White Plains, NY 10601	■ Authorized		
Person		Person		
_I()ther	□Other	[]Other	Other	
⊒Manager	Name: Leslie Prizant	□Manager	Name: 202 JAM - 7	
□Member	Address: 44 South Broadway, 1st Floor	□Member	Address:	
Authorized	White Plains, NY 10601	□Authorized	-7 <del>-7 1</del>	
Person		Person	AH S	
□Other	Other	□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.

Lealie Priz	rant	
	Signature of an authorized person	
Leslie Prizant		
	Typed or proited more of signer	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "URBAN HEALTH PHYSICIANS, 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 THIRTIETH DAY OF DECEMBER, A.D. 2020.

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

Authentication: 204446624

Date: 12-30-20