

M21000001335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

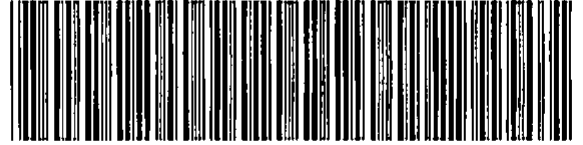
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COVER LETTER

TO: Registration Section
Division of Corporations

Bienestar Health Group, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Mayra Regalado

Name of Person

Bienestar Health Group, LLC

Firm/Company

7777 Davie Road Extension, Ste 200-B

Address

Davie, Florida 33024

City/State and Zip Code

mregalado@bienestarhg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mayra Regalado

954

5996819

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Bienestar Health Group, 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. Puerto Rico 3. 66-0932282
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. January, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. _____
Edificio Central Calle Baldorioty 165 Norte, Buzon #2
(Street Address of Principal Officer)
6. AIBONITO, PR 00705
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Mayra Regalado
- Office Address: 7777 Davie Road Extension, Ste 200-B
Davie, Florida 33024
(City) (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.

Mayra Regalado
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Mayra Regalado, COO

7777 Davie Road Extension, Ste 200-B

Davie, Florida 33024

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)

Mayra Regalado
Signature of an authorized person

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.

Mayra Regalado

Typed or printed name of signee

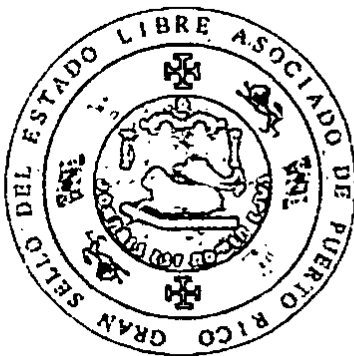


Government of Puerto Rico

CERTIFICATE OF GOOD STANDING

I, **Raúl Márquez Hernández**, **Secretary of State** of the Government of Puerto Rico,

CERTIFY: That, pursuant to Puerto Rico's General Law of Corporations, **BIENESTAR HEALTH GROUP LLC**, register number **434077**, a **for profit domestic** Limited Liability Company organized under the laws of Puerto Rico on **September 26, 2019**, has complied with the payment of its Annual Fees.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, **November 20, 2020**.

A handwritten signature in black ink, appearing to read "Raúl Márquez Hernández", is written over a horizontal line.

Raúl Márquez Hernández
Secretary of State

To validate this certificate go to:

<http://estado.pr.gov/>

This certificate is valid for one (1) year from issue date (Regulation 8688, Art. 26). However, it is subject to faithful compliance with the provisions of Chapter XV and Chapter XXI of Act 164-2009, as applicable.

Certificate Validation Number: **372735-92700241**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2021

MAYRA REGALADO
7777 DAVIE ROAD EXTENSION STE 200-B
DAVIE, FL 33024 US

SUBJECT: BIENESTAR HEALTH GROUP, LLC
Ref. Number: W21000004263

We have received your document for BIENESTAR HEALTH GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 721A00000966

RECEIVED

JAN 29 2021