

MA1000003602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

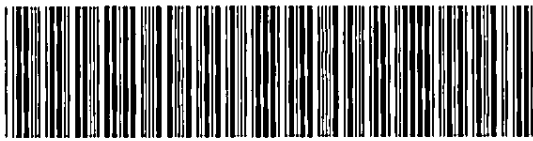
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 MAR 29 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FL



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: March 29, 2021

Name: Ian Reilly

Reference #: 1347173

Entity Name: DOCUVITALS, LLC

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other Please obtain Certified Copy upon filing.

Authorized Amount: \$155.00

Signature: *Ian Reilly*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DocuVitals, LLC
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.

Ronald Sattiel
Name of Person

DocuVitals, LLC
Firm/Company

813 East Gate Drive, Suite B
Address

Mt. Laurel, NJ 08054
City/State and Zip Code

rsattiel@docuvitals.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Faisal Khan, Esq. at 718 ~~354~~ 354-6111
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:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- \$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. DeceVitals, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC,")

2. New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

3. _____
(Date first transacted business in Florida; if prior to registration, (See sections 605.0904 & 605.0905, F.S., to determine penalty liability.)

5. 813 East Grete Drive, Suite B (Street Address of Principal Officer) 6. 813 East Grete Drive, Suite B (Mailing Address)

Mt. Laurel, NJ 08054 Mt. Laurel, NJ 08054

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

Name: COGENCY GLOBAL INC.
Office Address: 115 North Calhoun St. Suite 4
Tallahassee, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FL

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.

James M. Home Assistant Secretary
(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)

<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>Young Lee, MD</u>	<input type="checkbox"/> Manager	Name _____
<input checked="" type="checkbox"/> Member	Address: <u>813 East Gate</u>	<input type="checkbox"/> Member	Address _____
<input type="checkbox"/> Authorized Person	<u>Drive, Suite B</u> <u>Mt. Laurel, NJ 08054</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____


<input type="checkbox"/> Manager	Name: <u>Uplekh Purawal, MD</u>	<input type="checkbox"/> Manager	Name _____
<input checked="" type="checkbox"/> Member	Address: <u>813 East Gate</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Drive, Suite B</u> <u>Mt. Laurel, NJ 08054</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: <u>Ronald Seltiel</u>	<input type="checkbox"/> Manager	Name _____
<input checked="" type="checkbox"/> Member	Address: <u>813 East Gate</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Drive, Suite B</u> <u>Mt. Laurel, NJ 08054</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<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.



Signature of an authorized person
Faisal Khan, Esq., Nixon Gwilt Law, Attorney for DocuVitals, LLC.
Typed or printed name of officer

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS**

DOCUVITALS, LLC
0450494565

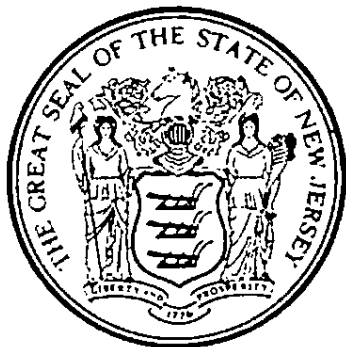
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on May 28, 2020.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

GARY N. ELKIND, ESQUIRE
2090 EAST ROUTE 70
CHERRY HILL, NJ 08003

I further certify that as of the date of this certificate, no amendments have been filed.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 26th day of March, 2021

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6117220703

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp