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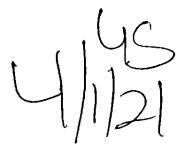
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"Registration Section Division of Corporations 🐠

Advanced Care Associates 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 c

correspondence concerning this matter to the following:			
Mike Zhou			
Name of Person			
Advanced Care Associates LLC			
Firm/Company			
6799 Collins Ave. Apt. 1202	(O)	2021 HAR 1	
Address		Ŕ	,
Miami Beach, FL 33141			
City/State and Zip Code	725	P	
mike.x.zhou@gmail.com	SET SET	PM 4: 15	
E-mail address: (to be used for future annual report notification)	70	S.	
nation concerning this matter, please call:			
Mike Zhou 917 975-8707	7		

For further inforn

MIKE ZITOU	at (311)	313-0101		
Name of Contact Person	Area Code	Daytime Telephone Number		
MAILING ADDRESS:	_	TREET ADDRESS:		
Division of Corporations	[]	Division of Corporations		
Registration Section	R	Registration Section		
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2	661 Executive Center Circle		
		Tallahassee, FL 32301		
Enclosed is a check for the following amount:	******			
Please make check payable to: FLORIDA DEPA		·		
S125.00 Filing Fee S130.00 Filing Fee Certificate of s		•		

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY. COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Advanced C				
Kentucky		da. The alternate name must include "Limited Liability Company," "L.L.C," or "("L.C.") 3.		
(Jurisdiction under the law of w	hich foreign binuted hability company is organized)	(FEI number, it applicable)		
5. 1021 Maje	(Date first transacted business in Florida, if prior to to (See sections 605 0904 & 605 0905, ES to determine estic Dr. 130 Principal Office)	6. (Nailing Address)		
Lexington		Miami Beach		
KY 40513		FL 33141		
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Registered Agents	s Inc.		
Office Address:	7901 4th St N ST	E 300		
	St. Petersburg	Florida 33702		
fesignated in this applica to comply with the provisi	gistered agent and to accept service of p tion, I hereby accept the appointment as	rocess for the above stated limited liability company at the place registered agent and agree to act in this capacity. I further agre and complete performance of my duties, and I am familiar with		

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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:				
✓Manager	Name: Mike Zhou	Manager Manager	Name:				
Member	Address: 6799 Collins Ave. Apt. 1202	☐ Member	Address:				
Authorized	Miami Beach	☐ Authorized					
Person	FL 33141	Person					
Other	Other	Other					
☐Manager ☐Member ☐Authorized	Name:Address:	☐ Manager ☐ Member ☐ Authorized	Name: Address: P				
Person		Person	FATE 15				
Other	Other	Other	Other				
☐Manager ☐Member ☐Authorized	Name:	☐ Manager ☐ Member ☐ Authorized	Nume:Address:				
Person		Person					
Other	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. **Mike Zhou** Signature of an authorized person**							
Mike Zhou							

Typed or printed name of signee

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 242080

Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

Advanced Care Associates LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is June 18, 2015 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 9th day of February, 2021, in the 229th year of the Commonwealth.



Michael G. adam

Michael G. Adams Secretary of State Commonwealth of Kentucky 242080/0925343