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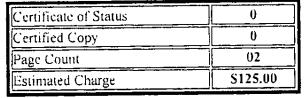
Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 : (845)425-0077 Phone

Fax Number : (845) 818-3588

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Foreign Limited Liability Company KOSHER HEALTH, LLC



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To: 18506176383

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: L KOSHER HEALTH, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (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,") (Junisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if pitor to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty flability) 6. 7392 NW 18th Ct 7392 NW 18th Ct (Mailing Address) (Street Address of Principal Office) Hollywood, FL 33024 Hollywood, FL 33024 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Zevulin Gutleizer Name: 7392 NW 18th Ct Office Address: Hollywood 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. Mr. 1971 (Registered spert's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Name and Address: Title or Capacity: Title or Capacity: ZEVULIN GUTLEIZER Member 7392 NW 18th Ct Hollywood, FL 33024 (Use attachments if necessary) 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. ZEVULIN GUTLEIZER

Typed or printed name of signee

State of New York Department of State 3 ss:

I hereby certify, that KOSHER HEALTH, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/03/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Biennial Statement was filed 04/19/2021.

I further certify, that no other documents have been filed by such Limited Liability Company.



202104200432 · HD

Witness my hand and the official seal of the Department of State at the City of Albany, this 19th day of April two thousand and twenty-one.

Braden C Hydra

Brendan C. Hughes
Executive Deputy Secretary of State

