6/28/2021 Division of Corporations

M21000008422

Florida Department of State
Division of Corporations
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To:

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From:

Account Name : HUBCO
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MD@THEPROSPERIV.COM

Foreign Limited Liability Company

HOLISTIC HEALING LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
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June 29, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HUBCO

,

SUBJECT: HOLISTIC HEALING LLC
REF: W21000094165

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The application submitted isn't acceptable. Please visit sunbiz.org and submit the new application.

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

FAX Aud. #: H21000252050
Letter Number: 721A00014892

H21000252050

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. HOLISTIC HEALING LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

PROSPER IV 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. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 1333A NORTH AVE #340
NEW ROCHELLE, NY 10804
(Street Address of Principal Office)

6. 1333A NORTH AVE #340
NEW ROCHELLE, NY 10804
(Mailing Address)

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

Name: CHRISTINA BROCCOLI

Office Address: C/O HILTON FT LAUDERDALE
505 NORTH FORT LAUDERDALE BEACH BLVD, SUITE 100

FORT LAUDERDALE (City), Florida 33304 (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.

_____
(Registered agent's signature)

CHRISTINA BROCCOLI

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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: ANNE NEGRIN MD	☐Manager	Name:
■Member	Address: 1333A NORTH AVE #340	☐Member	Address:
☐Authorized	NEW ROCHELLE, NY 10804	☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized		☐Authorized	
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.

Signature of an authorized person

ANNE NEGRIN MD

Typed or printed name of signee

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STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	HOLISTIC HEALING LLC
DOS ID Number:	5477495
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	01/17/2019
Statement Status:	CURRENT
Statement Due Date:	01/31/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	ARTICLES OF ORGANIZATION
Date of Filing:	01/17/2019
Entity Name:	HOLISTIC HEALING LLC

Document Type:	CERTIFICATE OF PUBLICATION
Date of Filing:	08/13/2019

Document Type:	BIENNIAL STATEMENT
Date of Filing:	06/23/2021

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Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on June 24, 2021 at 10:00 A.M.

ROSSANA ROSADO, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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