

M21000012203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300373195863

09/14/21--01025--017 \*\*130.00

2021 SEP 14 AM 10:22  
FILED  
U.S. DEPT. OF JUSTICE  
FBI - NEW YORK

SEP 16 2021

ML SOLOMON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Abarca Health 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:

Moisés Galí

Name of Person

Abarca Health LLC

Firm/Company

650 Ave Muñoz Rivera Suite 701

Address

San Juan, Puerto Rico 00918

City/State and Zip Code

talentbenefits@abarcahealth.com

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

For further information concerning this matter, please call:

Moisés Galí

Name of Contact Person

at (

787)

Area Code

523-1212

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. Abarca Health 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 660742627  
(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. 650 Ave Muñoz Rivera Suite 701  
(Street Address of Principal Office)

6. 650 Ave Muñoz Rivera Suite 701  
(Mailing Address)

San Juan, PR 00918

San Juan, PR 00918

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

Name: Legaline Corporate Services Inc.

Office Address: 5237 Summerlin Commons Suite 400

Fort Myers, Florida 33907  
(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.

Dana Case, manager  
(Registered agent's signature)

FILED  
2021 SEP 14 AM 10:22  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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:	Jason Borschow		<input type="checkbox"/> Manager	Name:	Nahir Gonzalez	
<input checked="" type="checkbox"/> Member	Address:	650 Ave Muñoz Rivera		<input type="checkbox"/> Member	Address:	650 Ave Muñoz Rivera	
<input type="checkbox"/> Authorized		Suite 701		<input type="checkbox"/> Authorized		Suite 701	
Person		San Juan, Puerto Rico		Person		San Juan, PR	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	00918	<input type="checkbox"/> Other	Finance VP	<input type="checkbox"/> Other	00918
<input type="checkbox"/> Manager	Name:	Moisés Galí		<input type="checkbox"/> Manager	Name:	Daniela Copete	
<input type="checkbox"/> Member	Address:	650 Ave Muñoz Rivera		<input type="checkbox"/> Member	Address:	650 Ave Muñoz Rivera	
<input type="checkbox"/> Authorized		Suite 701		<input checked="" type="checkbox"/> Authorized		Suite 701	
Person		San Juan, PR		Person		San Juan, PR	
<input checked="" type="checkbox"/> Other	Associate General Counsel	<input type="checkbox"/> Other	00918	<input type="checkbox"/> Other		<input type="checkbox"/> Other	00918
<input type="checkbox"/> Manager	Name:	Ana M. Zayas Echenique		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	650 Ave Muñoz Rivera		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Suite 701		<input type="checkbox"/> Authorized			
Person		San Juan, PR		Person			
<input checked="" type="checkbox"/> Other	Jr Legal Counsel	<input type="checkbox"/> Other	00918	<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.

M. Galí

\_\_\_\_\_  
Signature of an authorized person  
  
Moises Gali  
\_\_\_\_\_  
Typed or printed name of signer



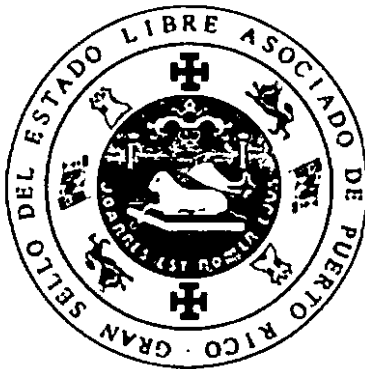
Government of Puerto Rico

## CERTIFICATE OF EXISTENCE

I, **Omar J. Marrero Díaz**, **Secretary of State** of the Government of Puerto Rico,

**CERTIFY:** That according to our records **ABARCA HEALTH LLC**, with registration number **2064**, is a **domestic for profit limited liability company** organized on **December 14, 2009**.

*This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.*



**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, **September 1, 2021**.

A handwritten signature in black ink, appearing to read "Omar J. Marrero Díaz", is written over a horizontal line.

**Omar J. Marrero Díaz**  
Secretary of State

To validate this certificate go to: <http://estado.pr.gov/>

This certificate can be validated an unlimited number of times before its expiration date of 01-Sep-2022.

Certificate Validation Number: **420914-73616783**