

121000014238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2021 OCT 25 PM 12:57

OCT 27 2021

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tri-Tech Health PA, 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:

William Tushinski

Name of Person

Tri-Tech Health PA, LLC

Firm/Company

4577 N. Nob Hill Road, Suite 212

Address

Sunrise, FL 33351

City/State and Zip Code

btushinski@tritechhealth.com

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

For further information concerning this matter, please call:

William Tushinski

954

821-7576

Name of Contact Person

at ()

Area Code

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

2021 OCT 25 PM 12:57

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Tri-Tech Health PA, LLC

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

TRI-TECH HEALTHCARE PA, 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. Wyoming

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

87-2037242

3.

(FBI 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)

4577 N. Nob Hill Road

5. (Street Address of Principal Office)

Suite 212

Sunrise, FL 33351

4577 N. Nob Hill Road

6.

(Mailing Address)

Suite 212

Sunrise, FL 33351

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

Name:

William Tushinski

Office Address:

4577 N. Nob Hill Road, Suite 212

Sunrise

(City)

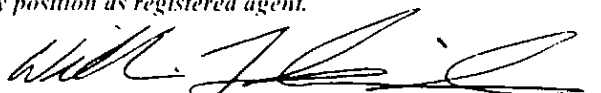
Florida

33351

(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)

2021 OCT 25 PM 12:51

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:

☒ Manager Name: William Tushinski

☒ Member Address: 4577 N. Nob Hill Road

☒ Authorized Suite 212

Sunrise, FL 33351

Person

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Jeff Kitzmiller

☒ Member Address: 4577 N. Nob Hill Road

☒ Authorized Suite 212

Sunrise, FL 33351

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

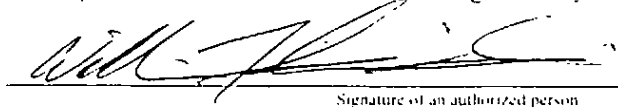
Person

☐ 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

William Tushinski

Typed or printed name of signee

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

TRI-TECH HEALTH PA LLC

is a


Limited Liability Company

formed or qualified under the laws of Wyoming did on **August 3, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-001024865**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of October, 2021 at 1:21 PM. This certificate is assigned ID Number 047560123.




Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2021

WILLIAM TUSHINSKI
TRI-TECH HEALTH PA, LLC
4577 N. NOB HILL ROAD, SUITE 212
SUNRISE, FL 33351

SUBJECT: TRI-TECH HEALTHCARE PA, LLC
Ref. Number: W21000130961

We have received your document for TRI-TECH HEALTHCARE PA, LLC .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90
days prior to the delivery of the application to the Department of State, duly
authenticated by the secretary of state or other official having custody of the
records in the jurisdiction under the laws of which it is incorporated/organized,
must be submitted to this office. A translation of the certificate under oath of the
translator must be attached to a certificate which is in a language other than the
English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 721A00025031

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OCT 25 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2021

WILLIAM TUSHINSKI
TRI-TECH HEALTH PA, LLC
4577 N. NOB HILL ROAD, SUITE 212
SUNRISE, FL 33351

SUBJECT: TRI-TECH HEALTH PA, LLC
Ref. Number: W21000130961

We have received your document for TRI-TECH HEALTH PA, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. ~~A photocopy of this certificate is not acceptable.~~

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 021A00023724

RECEIVED

OCT 12 2021

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