10 Project Department of State Prising of Comparations Lieutenic titing Our Sheet

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To:	Division of Corporations	Ċ^	20
	Fax Number : (850)617-6383	7.c.	2022 HAR
From:		<u> </u>	<u> </u>
	Account Name : CAPITOL SERVICES, INC.		1
	Account Number : 120160000017	57.	_
	Phone : (855)498-5500	SS.	
	Fax Number : (800)432-3622	:	Ŋ
		:	Ÿ
	ne email address for this business entity to be used fo	r future-	
enter ti annu	al report mailings. Enter only one email address please	** ;	02

Foreign Limited Liability Company QHR GROUP LLC

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S. ROBERTS
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COVER LETTER

UBJECT:	QHR Group LLC	
CBJEC I	Name	of Limited Liability Company
he enclos e xistence, a	d "Application by Foreign Limited Liability C and check are submitted to register the above re	ompany for Authorization to Transact Business in Florida," Certificate eferenced foreign limited liability company to transact business in Flor
ease retun	n all correspondence concerning this matter to	the following:
	Jasmine Alvarez	
		Name of Person
	QHR Group LLC	
		Firm/Company
	7 Sunrise Cay	
		Address
	Key Largo, FL 33037	
	Ci	ty/State and Zip Code
	InvestorRelations@cchqhp.com	
	E-mail address: (to be	used for future annual report notification)
or further	information concerning this matter, please cal	ł:
Ja	asmine Alvarez	305 960-2129
	Name of Contact Person	Area Code Daytime Telephone Number
	lalling Address: egistration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations
		The Centre of Tallahassee
T	allahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

H220000785873

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	name adopted for the purpose of transacting business to	Florida. The alternate name must include "Limited Lial 85-2730171	billty Company," "E.E.C." or "LEC.")
Delaware		7	r, if applicable)
(Juradiction under the law of w	hich foreign limited liability company is organized)	(FEI numbe	r, if applicable)
1/1/2022			
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	to registration) rruine penalty liability)	
7 SUNRISE CAY		7 SUNRISE CAY	
treet Address of Principal Office)		6. (Malling Address)	<u> </u>
Key Largo, FL 33037		Key Largo, Fl 33037	202 51
			ि 🚾 न्युह्य
			
Name and street addre	ss of Florida registered agent: (P.O. B	ox NOT acceptable)	32 <u>-</u>
. Name and street addre	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	SS P T
Name and street addre			PH 2:
Name and street addre	ss of Florida registered agent: (P.O. B Capitol Corporate Services, In		
			PH 2:
Name:	Capitol Corporate Services, In		PH 2:
Name:	Capitol Corporate Services, In 515 E Park Ave. Floor 2 Tallahassee	nc	PH 2:
Name:	Capitol Corporate Services, In 515 E Park Ave. Floor 2	nc.	PH 2:
Name: Office Address:	Capitol Corporate Services, In 515 E Park Ave. Floor 2 Tallahassee (City)	, Florida 32301 (Zip code)	PH 2: 02
Name: Office Address: tegistered agent's acceptation been named as a	Capitol Corporate Services, In 515 E Park Ave. Floor 2 Tallahassee (City) otance:	Florida 32301 (Zip code)	PH 2: 02
Name: Office Address: legistered agent's acceptaving been named as resignated in this applicate to comply with the provis	Capitol Corporate Services, In 515 E Park Ave. Floor 2 Tallahassee (City) Stance: egistered agent and to accept service of the appointment of the services of th	Florida 32301 (Zip code) of process for the above stated limited it as registered agent and agree to act it.	liability company at the place in this capacity. I further agree
Name: Office Address: legistered agent's acceptaving been named as resignated in this applicate to comply with the provis	Capitol Corporate Services, In 515 E Park Ave. Floor 2 Tallahassee (City) otance: egistered agent and to accept service of accept the appointment	Florida 32301 (Zip code)	liability company at the place in this capacity. I further agree uties, and I am familiar with

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8.	For initial indexing purposes,	list names, title or cap	pacity and addresses	of the primary	members/managers of	or persons authorized to
me	mage (up to six (6) total):					

litle or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name:	■Manager	Name: Michael Holmes
□Member	Address: 3511 NW 91 Street, Ste 102	□M¢inber	Address: 3511 NW 91 Street, Ste 102
□Authorized	Doral, FL 33172	Authorized	Doral, FL 33172
Person		Person	
□Other	Other	Other	
■Manager	Name: Areya Keshvari	□Manager	Name:
□Member	Address: 3511 NW 91 Street, Ste 102	□Member	Address:
□Authorized	Doral, FL 33172	□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

John C Davidson



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELANARE, DO HEREBY CERTIFY "QHR GROUP, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELANARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE FIRST DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "QHR GROUP, LLC"
WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

e at corn delaware gov/auth

Authentication: 202796718

Date: 03-01-22