Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## Foreign Limited Liability Company HealthPro Nursing Solutions LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

S. FRANKLIN

MAR 3 0 2022

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### **COVER LETTER**

ud ieat.	HealthPro Nursing Solutions LLC				
Name of Limited Liability Company					
	'Application by Foreign Limited Liability Company for Authorization to Transact Business in Florid check are submitted to register the above referenced foreign limited liability company to transact but				
ease return a	ill correspondence concerning this matter to the following:				
	Angela Bellizzi, Esq.				
	Name of Person	<del></del>			
	HealthPro Nursing Solutions LLC				
	Firm/Company	7			
	225 Crossways Park Drive	2022 HAR 1			
	Address				
	Woodbury, NY 11797	29			
	City/State and Zip Code	PH :			
	bakelson@cassenacare.com	PH 12: 32			
	E-mail address: (to be used for future annual report notification)	~			
r further inf	ormation concerning this matter, please call:				
Beat	rice Akelson 516 422-7885				
_	Name of Contact Person Area Code Daytime Telephone Number	r			
Divis Regis P.O.	LING ADDRESS:  ion of Corporations  itration Section  Box 6327  chassee, FL 32314  STREET ADDRESS:  Division of Corporations  Registration Section  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301				
	osed is a check for the following amount: e make check payable to: FLORIDA DEPARTMENT OF STATE				
	125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & \Bigcup \$155.00 Filing Fee & \Bigcup \$160.00 Filing	ng Fee, Certifica 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. HealthPro Nursing Solutions LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, error electrate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") New York (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 503,0904 & 605,0905, F.S. to determine penalty liability) 225 Crossways Park Drive 225 Crossways Park Drive (Street Address of Principal Office) Woodbury, NY 11797 Woodbury, NY 11797 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporate Creations Network Inc. Name: 801 US Highway I Office Address: North Palm Beach . Florida (City) 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. Nicholas Nichols, Special Secretary

(Registered agent's signature)

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 A	idress:	
Manager	Name: PDD Holdings, LLC	Manager	Name: BND Holdings, LLC				
■Member	Address: 225 Crossways Park Drive	■ Member	Address: 225 Crossways Park Drive				_
Authorized	Woodbury NY 11797	Authorized			Y 11797		
Person		Person					
Other	Other	Other			Other	,	_
	Name:	☐ Manager	Name:	Yong	Lee		_
 ☑Member	Address: 225 Crossways Park Drive	X Member	Address: 4 Lake Road South Great Neck NY 11020				
Authorized	Woodbury NY 11797	☐ Authorized					_
Person		Person					<del></del>
Other	Other	Other	<u>.</u>		Other	022	<sub>-4</sub> ,
					·	HAR 2	
Manager	Name:	Manager	Name:			9	ر الله المستحدد الما الما
Member	Address:	Member	Address	s:		PH	د الا ا أورا . أعرب .
Authorized		☐ Authorized			<u> </u>	- မှ - မှ - မှ	<del></del>
Person		Person					
Other	Other	Other			Other		<del></del>

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.

Vera3 Pay	
Signature of an authorized person	_
Vera B. Ray	
Typed or printed name of signoc	_

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ, 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:

HEALTHPRO NURSING SOLUTIONS LLC

DOS ID Number:

3041969

15612148442

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

**EXISTING** 

Date of Initial Filing with DOS:

04/19/2004

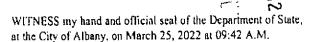
Statement Status:

CURRENT

Statement Due Date:

04/30/2024

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



ROBERT J. RODRIGUEZ, Secretary of State

Bradan Co Hughan



By Brendan C. Hughes

**Executive Deputy Secretary of State** 

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