

8/11/22, 3:32 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : UNITED AGENT GROUP INC.
Account Number : 120160000086
Phone : (561)508-5033
Fax Number : (561)694-1639

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

Email Address: _____

Foreign Limited Liability Company
Chandler Chicco Agency, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	07
Estimated Charge	\$130.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K. SALY

AUG 12 2022

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. Chandler Chicco Agency, L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," 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. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

200 Vesey Street, MC: 01-40-001

200 Vesey Street, MC: 01-40-001

New York NY 10281

New York NY 10281

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

Name: United Agent Group Inc.

Office Address: 801 US Highway 1

North Palm Beach, Florida 33408
(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.

Carol Petrone
(Registered agent's signature) Carol Petrone, Special Secretary

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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):

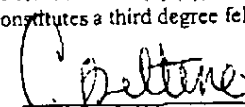
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Synos Health Public Relations Holding, LLC	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 200 Vesey Street, MC: 01-40-001	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	New York NY 10281	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: _____	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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
 Carol Petline, Attorney-in-Fact

 Typed or printed name of signor

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: CHANDLER CHICCO AGENCY, L.L.C.
DOS ID Number: 1929833
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 06/12/1995
Statement Status: CURRENT
Statement Due Date: 06/30/2023

CLERK OF THE SUPREME COURT
TALLAHASSEE, FLORIDA

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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: 06/12/1995
Entity Name: CHANDLER CHICCO AGENCY, L.L.C.

Document Type: AFFIDAVIT OF PUBLICATION
Date of Filing: 09/26/1995

Document Type: AFFIDAVIT OF PUBLICATION
Date of Filing: 09/26/1995

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/19/1997
Effective Date: 06/01/1997

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/03/1999
Effective Date: 06/01/1999

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/19/2001
Effective Date: 06/01/2001

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/22/2003
Effective Date: 06/01/2003

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/06/2005
Effective Date: 06/01/2005

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/20/2007
Effective Date: 06/01/2007

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/22/2009
Effective Date: 06/01/2009

Document Type: CERTIFICATE OF CHANGE
Date of Filing: 11/09/2009

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/12/2011
Effective Date: 06/01/2011

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/19/2013
Effective Date: 06/01/2013

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Document Type: CERTIFICATE OF CHANGE
Date of Filing: 01/06/2014

Document Type: CERTIFICATE OF MERGER
Date of Filing: 12/30/2014
Effective Date: 12/31/2014

Document Type: CERTIFICATE OF MERGER
Date of Filing: 04/01/2015

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/24/2015
Effective Date: 06/01/2015

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/20/2017
Effective Date: 06/01/2017

Document Type: CERTIFICATE OF CHANGE
Date of Filing: 05/16/2018

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/11/2019
Effective Date: 06/01/2019

Document Type: CERTIFICATE OF CHANGE
Date of Filing: 03/29/2021

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/07/2021
Effective Date: 06/01/2021

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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 August 11, 2022 at
10:45 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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