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#### **COVER LETTER**

TO:

Registration Section

	Nam	e of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certifica referenced foreign limited liability company to transact business in Flo	
e return all (	correspondence concerning this matter to	o the following:	
	MANSOOR AHMED		
		Name of Person	
	PASSIONATE CARE MANAGEMEN	NT LLC	
	-	Firm/Company	
	3250 LACEY ROAD, STE 160		
		Address	
	DOWNERS GROVE, IL 60515		
	C	ity/State and Zip Code	
	ihasan@prgmd.com		
_	E-mail address: (to be	used for future annual report notification)	
ırther infori	nation concerning this matter, please ca	li:	
Imtiaz Hasan		630 441-4131 at ( )	
	Name of Contact Person	Area Code Daytime Telephone Number	
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallah	assee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	d is a check for the following amount:		

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	MANAGEMENT, LLC			
(Name of Foreign	Limited Liability Company, must include "Limited	Liability Co	ompany," "L.L.C.," or "LLC.")	<del>.</del>
ame unavailable, enter alternate n	name adopted for the purpose of transacting business in Fl	orida The alte	mate name must include "Limited Liability Com	oany," "L.L.C," or "LEC,")
LLINOIS		8	1-5399833	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	<i>3</i>	(FEI number, if applica	hie
AUGUST 22, 2022				
	(Date first transacted business in Florida, if prior to 1See sections 605 0904 & 605,0905, F.S. to determi	registration ) ne penalty liab	ility)	
3250 Lacey Road, STE		,		
cet Address of Principal Office)	<del></del>	ů. <u> </u>	(Mailing Address)	
Downers Grove, IL 60:	515			
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)	203
				<u>ر ت</u>
Name:	Registered Agents Inc.			2023 FTT 2
	7001 til G. N. GTV 300		<del></del> -	
Office Address:	7901 4th St N STE 300		<u> </u>	]
	St. Petersburg		33702	·::
	(City)		, Florida	07
	(City)		(Zip code)	
signated in this applica comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	s registere	d agent and agree to act in this ca	pacity. I further a
	D	ravid Sic	perts	
	(Registered agent's	vienature)		

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 Address
■Manager	Name: Mansoor Ahmed	■Manager	Name: Syed Mumtaz Hyder
□Member	Address:	□Member	Address: 3250 Lacey Rd. # 160
□Authorized	Downers Grove, IL 60515	□Authorized	Downers Grove, IL 60515
Person		Person	
Other	Other	Other	Other
■Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized	Downers Grove, IL 60515	□Authorized	
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
	Other	□Other	Other

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.

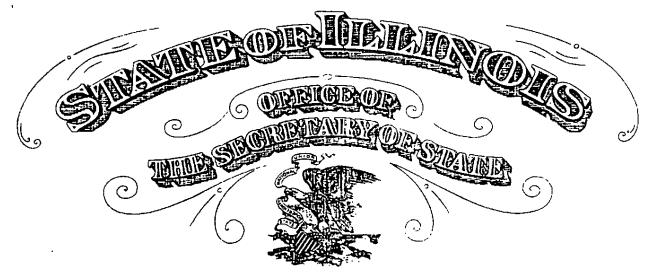
Mansoor Ahmed

Signature of an authorized person

Typed or printed name of signee

#### File Number

0615104-3



### To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PASSIONATE CARE MANAGEMENT LLC. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 16, 2017, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH day of JANUARY A.D. 2023 .

Authentication #: 2303001994 verifiable until 01/30/2024

Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE