## Florida Department of State Division of Cirporation Election Filling Sove She

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703 Fax Number : (718)504-7890

\*\*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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VISION OF CORPORATIONS
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Email Address: HAZEL@INTERSTATEFILINGS.COM

## Foreign Limited Liability Company TRANSITION CARE LLC

Certificate of Status	U
Certified Copy	0
Page Count	0.3
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Electronic Filing Menu

Corporate Filing Menu

Help

From: Alexander Englard

({(H23C00170791 3)))

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

IN COMPLANCE WITH SECTION 605.0002, FLORIDA STATUTEN THE FOLLOWING INSUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TRANSITION CARE (Name of Foreign	Limited Liability Company; must include "Limited Li	ability Company 1.1.C. or 11 C. y	
It name unavailable, enter alternate s	name adopted for the purpose of transacting business in Florid	a Tre alternate name must melude "Painted" i	ability Company," #1-12C,0 or #11C
DELAWARE  (Juriediction under the law of w	then terrigo limited liability company is organized?	3(FEI numk	cr, if applicable)
1	(Date that transacted business in Plottals of peny to regulate to the control of	etration () enalty hability)	
2763 1st Ave N		2763 1st Ave N 6. (Mainta Address)	
St Petersbing FL 3371		St Petersburg FL 33713	
		-1	
. Name and street addres	is of Florida registered agent. (P.O. Box. <u>V</u>	<u>OT</u> acceptable)	2023 HAY
Name.	Interstate Agent Services, LLC		7-8
Office Address:	109 SE 2ND STREET SUITE 2000 #209	<del> </del>	# <b>유</b>
	MIAMI (Cav)	33131 Florida	1.5 Canon

## 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.



From: Alexander Englard

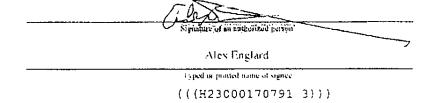
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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (5) total):

Title or Capacity:	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address:
□Manager	Name:	□ Manager	Name,	
□Member	Address: 2763 1st Ave N	□ Member	Address	
∃Anthorized	St Petersburg FL 33713	☐ Authorized		
Person		Person		
Other AMBR	C Other	_Other	<u>-</u>	Other
∐Manager	Name:	∐Manager	Name.	
□Member	Address:	☐ Member	Address:	
∃Authorized		_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. Nonindexed 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 \$ 817.155, F.S.



From: Alexander Englard

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

DELAWARE, DO HEREBY CERTIFY "TRANSITION CARE LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

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

OF THE EIGHTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRANSITION CARE LLC" WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 2023.

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

7447156 8300 SR# 20231868970

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullack, Recestary of State

Authentication: 203293970

Date: 05-08-23