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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 : ALLSTATE CORPORATE SERVICES CORP
Account Number : 120040000051
Phone : (800)906-9220
Fax Number : (800)906-9880

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

Email Address: _____

FILED
2023 SEP 12 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2023 SEP 12 AM 11:49
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
GRAMATAN HEALTH SUPPLIES LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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

IN COMPLIANCE WITH SECTION 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GRAMATAN HEALTH SUPPLIES LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLP.")

(If none available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP.")

2. NEW YORK

(Jurisdiction under the laws of which foreign limited liability company is organized.)

3. _____
(If limited partner, applicable.)

4. _____
(Title for non-registered business in Florida, if applicable; registered agent
(See sections 605.093 & 605.0905, F.S., to determine penalties.)

5. 145 PALISADE ST STE LL11 DOBBS FERRY, NY 10522

(Street Address, if Foreign Office)

6. 145 PALISADE ST STE LL11 DOBBS FERRY, NY 10522

(Mailing Address)

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

Name Registered Agent Solutions Inc

Office Address 2894 Remington Green Ln Ste A

Tallahassee 32308
_____, Florida _____
(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.

/S/ AVI WEISS, ASSISTANT SECRETARY

(Registered agent's signature)

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TALLAHASSEE, FL

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>
☐ Manager	Name: SUN SCIENTIFIC, INC.	☐ Manager	Name: _____
☒ Member	Address: 145 PALISADE ST. STE. LL11	☐ Member	Address: _____
☐ Authorized	DOBBS FERRY, NY 10522	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ 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. 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 605.0293 (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.

/s/ AVI WEISS

Signature of an authorized person

AVI WEISS

Typed or printed name of signer

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:	GRAMATAN HEALTH SUPPLIES LLC
DOS ID Number:	6595495
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	09/22/2022
Statement Status:	CURRENT
Statement Due Date:	09/30/2024

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:	09/22/2022
Entity Name:	GRAMATAN HEALTH SUPPLIES LLC

Document Type:	CERTIFICATE OF CHANGE BY ENTITY
Date of Filing:	09/06/2023

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 September 12, 2023
at 10:41 A.M.



ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State