

172300015591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

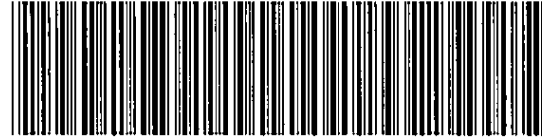
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

T. LEMIEUX

DEC 13 2023



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
From: Alexxis Weiland-Sorenson  
Ext: 61592  
Date: 12/12/23  
Order #: 1333255-1  
Re: New York Nurse Practitioner in Family Health, PLLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$155.00 - FL State Account Number:  
120000000195

Please take the following action:

File in your office on basis  
ISSUE CERTIFIED COPY

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** New York Nurse Practitioner In Family Health, PLLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Stringfellow, Paralegal

Name of Person

Garfunkel Wild, P.C.

Firm/Company

111 Great Neck Road, 6th Floor

Address

Great Neck, NY 11021-5406

City/State and Zip Code

mstringfellow@garfunkelwild.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Stringfellow

516

393-2578

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & 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  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. New York Nurse Practitioner In Family Health, PLLC, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. New York  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 93-4138345  
(FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 150 Broadway, 10th Floor  
(Street Address of Principal Office)

6. (same)  
(Mailing Address)

Suite 1010

New York, NY 10038

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee Florida 32301  
(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.

Corporation Service Company

By: [Signature]  
(Registered agent's signature)

11-2:41

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:**

☒ Manager Name: Janelle R. Solomon

☐ Member Address: 150 Broadway

☐ Authorized 10th floor, Suite 1010

Person New York, NY 10038

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☐ Manager Name: Janelle R. Solomon

☒ Member Address: 150 Broadway

☐ Authorized 10th floor, Suite 1010

Person New York, NY 10038

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other ☐ Other

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ 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 605.0203 (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 1

Janelle Solomon, NP

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:

<b>Entity Name:</b>	NEW YORK NURSE PRACTITIONER IN FAMILY HEALTH, PLLC
<b>DOS ID Number:</b>	7168263
<b>Entity Type:</b>	DOMESTIC PROFESSIONAL SERVICE LIMITED LIABILITY COMP ANY
<b>Entity Status:</b>	EXISTING
<b>Date of Initial Filing with DOS:</b>	10/26/2023
<b>Statement Status:</b>	CURRENT
<b>Statement Due Date:</b>	10/31/2025

I certify that the following is a list of documents on file in the Department of State for said entity:

<b>Document Type:</b>	ARTICLES OF ORGANIZATION
<b>Date of Filing:</b>	10/26/2023
<b>Entity Name:</b>	NEW YORK NURSE PRACTITIONER IN FAMILY HEALTH, PLLC

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 December 04, 2023  
at 01:39 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State