

12/15/23, 12:16 PM

Division of Corporations

**N23000015724**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

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

Email Address: andrew@prohealthconnect.com

**Foreign Limited Liability Company  
PROHEALTH CONNECT, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

## 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: PROHEALTH CONNECT, LLC  
DOS ID Number: 5675032  
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 12/19/2019  
  
Statement Status: CURRENT  
Statement Due Date: 12/31/2023

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 November 28, 2023 at 05:23 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes  
Executive Deputy Secretary of State

H23000427895 3

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDAIN COMPLIANCE WITH SECTION 609.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO THE STATE OF FLORIDA FOR  
CONSIDERATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

PROHEALTH CONNECT, LLC

(Name of Foreign Limited Liability Company) (State of Incorporation) (Country of Incorporation)

(If the foreign limited liability company is organized in a state or country that is not a member of the Uniform Limited Liability Company Act, it must also provide the following information.)

New York

84-0039172

(State and County of New York) (County of New York) (City of New York)

(FED. TAX ID NO.) (EIN)

Upon Filing

(If the foreign limited liability company is organized in a state or country that is not a member of the Uniform Limited Liability Company Act, it must also provide the following information.)

1401 Webster Ave 2nd Floor

1401 Webster Ave 2nd Floor

(Street Address of Foreign Office)

(Street Address of Foreign Office)

Bronx, New York 10456

Bronx, New York 10456

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

Name: Business Filings Incorporated

Office Address: 1200 South Pine Island Road

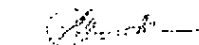
Plantation

Florida 33324

(City)

(Zip Code)

Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above named 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.*

(Registered agent signature)

Chris Das, A.V.P., Business Filings Incorporated

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1123000427895 3

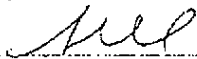
8. For each of underlying properties, list names, title or capacity and addresses of the primary members, managers or persons authorized to manage (to be on (6) total).

| <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: Andrew Winakor                 | <input type="checkbox"/> Manager           | Name: Steven Piveta                  |
| <input checked="" type="checkbox"/> Member | Address: 1401 Webster Ave, 2nd Floor | <input checked="" type="checkbox"/> Member | Address: 1401 Webster Ave, 2nd Floor |
| <input type="checkbox"/> Authorized        | Brooklyn, New York 10456             | <input type="checkbox"/> Authorized        | Brooklyn, New York 10456             |
| Person                                     |                                      | Person                                     |                                      |
| <input type="checkbox"/> Other             | <input type="checkbox"/> Other       | <input type="checkbox"/> Other             | <input type="checkbox"/> Other       |
| <br>                                       |                                      | <br>                                       |                                      |
| <input type="checkbox"/> Manager           | Name: Victor Rusenko                 | <input type="checkbox"/> Manager           | Name:                                |
| <input checked="" type="checkbox"/> Member | Address: 1401 Webster Ave, 2nd Floor | <input type="checkbox"/> Member            | Address:                             |
| <input type="checkbox"/> Authorized        | Brooklyn, New York 10456             | <input type="checkbox"/> Authorized        |                                      |
| Person                                     |                                      | Person                                     |                                      |
| <input type="checkbox"/> Other             | <input type="checkbox"/> Other       | <input type="checkbox"/> Other             | <input type="checkbox"/> Other       |
| <br>                                       |                                      | <br>                                       |                                      |
| <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       |

Important Notice: Use an attachment to report more than six (6). The attachment will be reviewed 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 605.02(3)(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. 817.153, F.S.

  
 \_\_\_\_\_  
 Signature of authorized person

Andrew Winakor  
 \_\_\_\_\_  
 Printed name of signer

1123000427895 3