12/15/23, 12:16 PM Division of Corporations

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Florida Department of State
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Account Name : BUSINESS FILINGS
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Email Address: andrew@prohealthconnect.com

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TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
PROHEALTH CONNECT, LLC

Certificate of Status	0
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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

Authentication Number: 100004733856 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

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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. PROHEALTH CONNECT, 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. 84-4039172
(FEI number, if applicable)

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

5. 1401 Webster Ave 2nd Floor
Bronx, New York 10456
(Street Address of Principal Office)

6. 1401 Webster Ave 2nd Floor
Bronx, New York 10456
(Mailing Address)

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 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.

(Registered Agent's Signature) Chris Dix, A.V.P., Business Filings Incorporated

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5. For each of the following persons, list names, title or capacity and addresses of the persons, members, managers or persons authorized to execute [up to six (6) total].

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
☐Manager	Name: Andrew Winakor	☐Manager	Name: Steven Rivera
☒Member	Address: 1401 Webster Ave, 2nd Floor	☒Member	Address: 1401 Webster Ave, 2nd Floor
☐Authorized Person	Bronx, New York 10456	☐Authorized Person	Bronx, New York 10456
☐Other	☐Other	☐Other	☐Other
☐Manager	Name: Victor Ruscino	☐Manager	Name:
☒Member	Address: 1401 Webster Ave, 2nd Floor	☐Member	Address:
☐Authorized Person	Bronx, New York 10456	☐Authorized Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized Person		☐Authorized Person	
☐Other	☐Other	☐Other	☐Other

Important Note: Use an attachment to report more than six (6). The attachment will be merged for reporting purposes only. Non-relevant individuals may be added to the index when filing your Florida Department of State Annual Report form.

6. 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 605.0201(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 of an authorized person

Andrew Winakor

Typed or printed name of signee

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