

M24000000097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

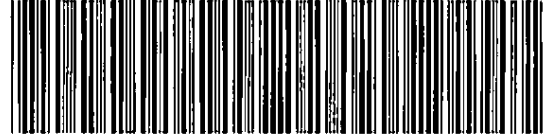
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500420973325

APPROVED
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2024 JAN -3 PM 4:21

RECEIVED

DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
570 TALLAHASSEE, FLORIDA

2024 JAN -3 AM 11:39

JAN 04 2024

K. Brumley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 01/03/24
Order #: 1381399-1
Re: Sebring Opco Home Health LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
I20000000195
auth

A handwritten signature in black ink, appearing to read 'Eyliena Baker', is written over the word 'auth'.

Please take the following action:
File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sebring Opco Home Health LLC

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:

Melody Shannon

Name of Person

Sebring Opco Home Health LLC

Firm/Company

10503 Timberwood Circle

Address

Louisville, KY 40223

City/State and Zip Code

melody.shannon@volarehcm.com

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

For further information concerning this matter, please call:

Melody Shannon

270

336-1050 x 203

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. Sebring Opco Home Health 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. DE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

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

5. 10503 Timberwood Circle
(Street Address of Principal Office)

6. 10503 Timberwood Circle
(Mailing Address)

Suite 200

Suite 200

Louisville, KY 40223

Louisville, KY 40223

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: Eylima Baker
(Registered agent's signature)

Assistant Vice President

2021 JAN 13 PM 4:21

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FEB 10 2021

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> | |
|--|----------|--------------------------------|--|--|----------|--------------------------------|--|
| <input type="checkbox"/> Manager | Name: | Eliezer Schwartz | | <input type="checkbox"/> Manager | Name: | Chaim Hager | |
| <input checked="" type="checkbox"/> Member | Address: | 10503 Timberwood Circle | | <input checked="" type="checkbox"/> Member | Address: | 10503 Timberwood Circle | |
| <input type="checkbox"/> Authorized | | Suite 200 | | <input type="checkbox"/> Authorized | | Suite 200 | |
| Person | | Louisville, KY 40223 | | Person | | Louisville, KY 40223 | |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | |

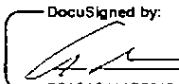
| | | | | | | | |
|--|----------|--------------------------------|--|--|----------|--------------------------------|--|
| <input type="checkbox"/> Manager | Name: | Mark Tress | | <input type="checkbox"/> Manager | Name: | Stephen Werdiger | |
| <input checked="" type="checkbox"/> Member | Address: | 150 Airport Rd | | <input checked="" type="checkbox"/> Member | Address: | 150 Airport Rd | |
| <input type="checkbox"/> Authorized | | Suite 900 | | <input type="checkbox"/> Authorized | | Suite 900 | |
| Person | | Lakewood, NJ 08701 | | Person | | Lakewood, NJ 08701 | |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | | <input type="checkbox"/> Other | |

| | | | | | | | |
|-------------------------------------|----------|--------------------------------|--|-------------------------------------|----------|--------------------------------|--|
| <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 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.

DocuSigned by:

D2A3A844AB99464 ..
Signature of an authorized person
Eliezer Schwartz
Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SEBRING OPCO HOME HEALTH 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 TWENTY-NINTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SEBRING OPCO
~~HOME-HEALTH-LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF DECEMBER,~~
A.D. 2023.

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



2852521 8300

SR# 20234369162

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204938008

Date: 12-29-23