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.

(((H240000636163)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email	Address:		

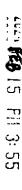
Foreign Limited Liability Company UNPPG CARE MANAGEMENT LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNPPG Care Management 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:

Name of Person

Capitol Services - Corporate Filings Team
Firm/Company

515 East Park Avenue 2nd Fl

Address

Tallahassee, FL 32301

City/State and Zip Code

Phillip@UNPPG.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phillip Maragh

at (646) 492 - 0665

Name of Contact Person

a Code Daytime Telephone Number

MAILING ADDRESS:

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

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:
Please make check payable to: FLORIDA DEPARTMENT OF STATE

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

iante unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	orida. The alternate na	me must include "Limited Liabilit	y Company," "L.L.C," or "LI C	
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	3	(FEI number,	if applicable)	
N/A					
	(Date first transacted business in Florida, if prior to (See sections 505.0904 & 605.0905, F.S. to determ	o registration.) nine penalty liability)			
3625 Hidden Tree Lane (Street Address of Principal Office)		6. <u>300</u>	6. 300 Tice Boulevard, Suite 179		
Fort Myers, Flo	orida 33901	<u>Woo</u>	dcliff Lake, Nev	v Jersey 0767	
Fort Myers, Flo	orida 33901	<u>Woo</u>	dcliff Lake, Nev	v Jersey 0767	
	orida 33901 ss of Florida registered agent: (P.O. Box				
		x <u>NOT</u> acceptal		v Jersey 0767	
	ss of Florida registered agent: (P.O. Box	x <u>NOT</u> acceptal			

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.

of the translator must be submitted)

itle or Capacity:	Name and Address:	Title or Capacity:		Name and Address
Manager	Name: Yisroel Cherns	Manager	Name:	
]Member	Address: 300 Tice Boulevard	☐ Member	Address:	
]Authorized	Suite 179	☐ Authorized		
Person	Woodcliff Lake, NJ 07677	Person	<u></u>	
Other	Other	Other		Other
]Manager	Nшпе:	☐ Manager	Name:	
]Member	Address:	☐ Member	Address:	
]Authorized		Authorized	******	
Person		Person		
Other	Other	Other		Other
Manager	Name:		Name:	
Member	Address:	☐ Member	Address:	
Authorized	-	☐ Authorized		
Person		Person		
Other	Other	Other		Other

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

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

Signature of an authorized person

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "UNPPG CARE MANAGEMENT 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 FIFTEENTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HERBY FURTHER CERTIFY THAT THE SAID "UNPPG CARE MANAGEMENT LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2024.

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

Authentication: 202816737

Date: 02-15-24

2991195 8300 SR# 20240518057