

M24000002057

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.**

((H240000645153)))



H240000645153ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page
Doing so will generate another cover sheet.**

To:

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

From:

Account Name : VCORP SERVICES, LLC
Account Number : I2008000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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

Email Address: _____

2024 FEB 16 AM 10:31
SECRETARY OF STATE
FLORIDA

Foreign Limited Liability Company
Careflow CRM LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605(2) OF THE FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CAREFLOW CRM LLC

1. Name of Foreign Limited Liability Company, must include "Limited Liability Company" "LLC" or "LLC"

(If none available, enter alternate name accepted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC" or "LLC")

New Jersey

2. 2. (Jurisdiction under the laws of which foreign limited liability company is organized)

3. (DIN number, if applicable)

4. 4. (Date first transacted business in Florida, if prior to registration)
(See sections 605(4)(b) & 605(4)(c), F.S. to determine penalty liability)

5. 180 Sylvan Avenue, Suite 4,
(Street Address of Principal Office)

6. 180 Sylvan Avenue, Suite 4,
(Mailing Address)

Englewood Cliffs, NJ 07632

Englewood Cliffs, NJ 07632

2024 FEB 16 AM 10:31
TIN: 11-3614421
SECRETARY OF STATE
FLORIDA

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

Name: Vcorp Agent Services, Inc

Office Address: 1200 South Pine Island Road

Plantation 33324
City: Florida Zip code: 33324

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.

By W. M. M. M.

Registered agent's signature

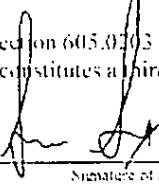
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Reuven Mashitz</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>180 Sylvan Avenue, Suite 4,</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Englewood Cliffs, NJ 07632</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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 _____
 <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 605.0703 (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

Steve Sax

Typed or printed name of signer

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

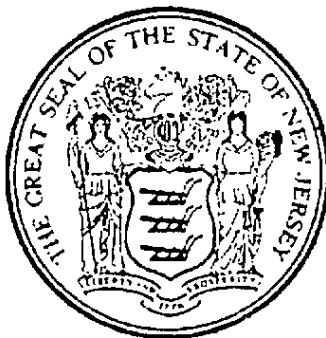
CAREFLOW CRM LLC
0450990345

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on June 30, 2023.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

REUVEN MASHITZ
45 LUBLIN TERRACE
LAKEWOOD TOWNSHIP, NJ 08701



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of February, 2024.

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number: 6150852622

Verify this certificate online at:

https://www.state.nj.us/DIR/ StandingCert/JSP/Verify_Cert.jsp