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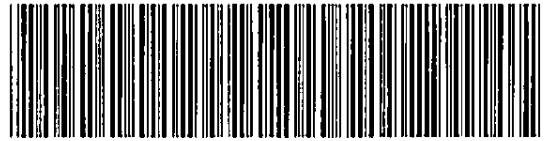
(Business Entity Name)

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**TO: Registration Section
Division of Corporations**

SUBJECT: JILL FABIAN, RN, PLLC, 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:

MANUEL FABIAN, ESQ.

Name of Person

LAW OFFICES OF MANUEL FABIAN

Firm/Company

3418 87TH STREET

Address

JACKSON HEIGHTS, NEW YORK 11372

City/State and Zip Code

MF@FABIANLAWNYC.COM

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

For further information concerning this matter, please call:

Manuel Fabian, Esq.

718

397-7700

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. JILL FABIAN, RN, PLLC, 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 27-1627805
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. JANUARY 5, 2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 251 CRANDON BLVD., APT. 835 251 CRANDON BLVD., APT. 835
(Street Address of Principal Office) (Mailing Address)
KEY BISCAVNE, FLORIDA 33149 KEY BISCAVNE, FLORIDA 33149

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

Name: MANUEL FABIAN, ESQ.
Office Address: 251 CRANDON BLVD., APT. 835
KEY BISCAVNE 33149
(City) , Florida (Zip code)

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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)


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>JILL P. FABIAN</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>251 CRANDON BLVD., #835</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>KEY BISCAWAYNE, FLORIDA 33149</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 605.0203 (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.



 Signature of an authorized person
 JILL P. FABIAN

 Typed or printed name of signer

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: JILL FABIAN, RN, PLLC
DOS ID Number: 3904302
Entity Type: DOMESTIC PROFESSIONAL SERVICE LIMITED LIABILITY COMP ANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 01/26/2010
Statement Status: CURRENT
Statement Due Date: 01/31/2026

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 01/26/2010
Entity Name: JILL FABIAN, RN, PLLC

Document Type: CERTIFICATE OF PUBLICATION
Date of Filing: 06/30/2010

Document Type: BIENNIAL STATEMENT
Date of Filing: 02/17/2012
Effective Date: 01/01/2012

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/17/2014
Effective Date: 01/01/2014

Document Type: CERTIFICATE OF CHANGE
Date of Filing: 11/12/2015

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/05/2016
Effective Date: 01/01/2016

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/09/2020
Effective Date: 01/01/2020

Document Type: BIENNIAL STATEMENT
Date of Filing: 01/08/2024

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 January 08, 2024 at
01:27 P.M.



ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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