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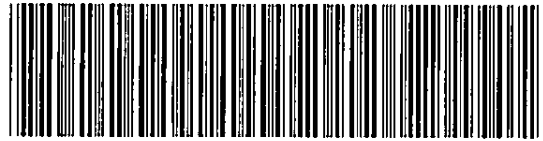
(Business Entity Name)

(Document Number)

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/15/2024

NAME: HEALTHPRO NURSING SOLUTIONS, LLC

TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HealthPro Nursing Solutions, 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:

Sheldon Meikle

Name of Person

HealthPro Nursing Solutions, LLC

Firm/Company

225 Crossways Park Drive

Address

Woodbury, New York 11797

City/State and Zip Code

Smeikle@pchoicestaffing.com

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

For further information concerning this matter, please call:

Sheldon Meikle

516

938-1118 x1

at ()

Name of Contact Person

Area 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:

☐ \$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. HealthPro Nursing Solutions, I.L.C
(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 3. 13-4280931
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 225 Crossways Park Drive 6. 225 Crossways Park Drive
(Street Address of Principal Office) (Mailing Address)

Woodbury, New York 11797 Woodbury, NY 11797

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


Name: Registered Agent Solutions, Inc.

Office Address: 2894 Remington Green Lane, Suite A

Tallahassee, Florida 32308
(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.

 Brian Smith, Asst. Secretary of Registered Agent Solutions, Inc.
(Registered agent's signature)

2024 APR 15 PM 4:44
STATE OF FLORIDA
TALLAHASSEE

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Manager

Sheldon Meikle

225 Crossways Park Drive

Woodbury, New York 11797

Member

BND Holdings, LLC

225 Crossways Park Drive

Woodbury, New York 11797

Member

PDD Holdings, LLC

225 Crossways Park Drive

Woodbury, New York 11797

Member

JLJCM Holdings, LLC

225 Crossways Park Drive

Woodbury, New York 11797

(Use attachments if necessary)

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.

Angela C. Bellizzi, Esq.

Signature of an authorized person

Angela C. Bellizzi, Esq.

Typed or printed name of signee

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
Title or Capacity: Name and Address:

Member

Yong Ho Lee

4 Lake Road South

Great Neck, New York 11020

Member

Laura S. Carillo a/k/a Laura S. Isserow

1 Stirling Lane

Basking Ridge, New Jersey 07920

Member

Joseph F. Carillo, III

2A Robert Drive

Chatham, New Jersey 07928

Member

Robert G. Carillo

94 Crescent Beach Drive

Huntington, New York 11743

(Use attachments if necessary)

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)

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Angela C. Bellizzi, Esq.

Signature of an authorized person

Angela C. Bellizzi, Esq.

Typed or printed name of signer

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Member

Lisa Banger

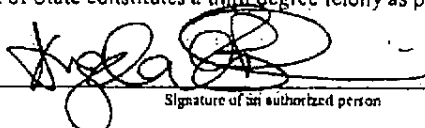
11 Cobblestone Court

Centerport, New York 11721

(Use attachments if necessary)

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)

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Signature of an authorized person

Angela C. Bellizzi, ESQ.

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: HEALTHPRO NURSING SOLUTIONS LLC
DOS ID Number: 3041969
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 04/19/2004

Statement Status: CURRENT
Statement Due Date: 04/30/2026

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 April 11, 2024 at 08:06 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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