Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

**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 Provision Care Group LLC

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

Electronic Filing Menu — Corporate Filing Menu —

Help

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Provision Care Group	LLC Limited Liability Company; must include "Limit		A WHILAH MITAE		
Provision Insurance Agen		ес Ставиц	Company. LLLC. or "LLC.)		
(II name unavailable, enter alternate)	name adopted for the purpose of transacting business in	Florida The	alternate name must include "Limited Liability Con	ipany," "L.L.C," or "LLC.")	
2. New York - Ourschetton under the law of which foreign limited hability company is organized)		3.	3. 93-3429577 (FEI number, if applicable)		
.1					
7.	(Date first transacted business in Florida, if prior t (See sections 602 0904 & 605 0905, F.S. to deter	o registration mad penalty	hability)		
105 Maxess Road STE 124		6.	105 Maxess Road STE 124		
(Street Address of Principal Office)		υ.	(Mailing Address)		
Melville NY 11747			Melville NY 11747		
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> i	acceptable)	707	
	Northwest Registered Agent LLC			בוועל אילוון.	
Name:	Mortilwest Registered Agent LEC				
Office Address:	7901 4th St N STE 300			O PH	
	St. Petersburg		, Florida 33702	14:5	
	(City)		Zip code)	50	

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited fiability 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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: Nerizza Pierre-Louis	□Manager	Name: David Pierre-Louis
XMember	Address: 7901 4th St N STE 300	XMember	Address: 7901 4th St N STE 300
□Authorized	St. Petersburg FL 33702	□Authorized	St. Petersburg FL 33702
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□ Authorized		□Authorized	
Person		Person	
Other	□ Other	□Other	Other
⊔Manager	Name:	⊔Manager	Name:
□Member	Address:	⊡Member	Address:
□Authorized		□Authorized	white the same and distributions and the same and the sam
Person		Person	
□Other	□ Other	Other	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.

	SMATE	
•	Signature of an authorized person	
Nat Smith		
	Turned or remaind a man of courses	

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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: PROVISION CARE GROUP LLC

DOS ID Number: 7078150

Entity Type: DOMESTIC LIMITED LIABILITY COMPANY

Entity Status: EXISTING
Date of Initial Filing with DOS: 09/13/2023

Statement Status: CURRENT Statement Due Date: 09/30/2025

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 July 09, 2024 at 03:58 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C Heylan

BRENDAN C. HUGHES

Executive Deputy Secretary of State

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