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Florida Department of State
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

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2024 JUL 10 AM 10: 28

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 JUL 10 PM 4: 50

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. Provision Care Group LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Provision Insurance Agency 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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. 93-3429577 (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 602.0904 & 605.0905, F.S. to determine penalty liability)

5. 105 Maxess Road STE 124 (Street Address of Principal Office)
6. 105 Maxess Road STE 124 (Mailing Address)
Melville NY 11747
Melville NY 11747

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

Name: Northwest Registered Agent LLC
Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(City) (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.

[Handwritten Signature]

(Registered agent's signature)

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

A handwritten signature in black ink that reads "Brendan C. Hughes".

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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