



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Prof Care 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:

Arman Navruzyan

\_\_\_\_\_  
Name of Person

EconoSolutions

\_\_\_\_\_  
Firm/Company

348 E Olive Ave H1

\_\_\_\_\_  
Address

Burbank CA 91502

\_\_\_\_\_  
City/State and Zip Code

a@es.tax

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

For further information concerning this matter, please call:

Arman Navruzyan

818 2548805  
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. Prof Care 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. California  
\_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. 07/25/2024  
\_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 100 S Ashley Dr Ste 600  
\_\_\_\_\_  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

Tampa FL 33602  
\_\_\_\_\_  
\_\_\_\_\_

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

Name: Ashot Karapetyan  
\_\_\_\_\_

Office Address: 100 S Ashley Dr Ste 600  
\_\_\_\_\_

Tampa \_\_\_\_\_, Florida 33602  
\_\_\_\_\_  
(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.*

\_\_\_\_\_  
(Registered agent's signature)

FILED  
2024 AUG -7 PM 2:54  
CLERK OF COURT  
HILLSBORO COUNTY, FLORIDA

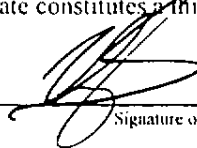
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Ashot Karapetyan		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	100 S Ashley Dr Ste 600		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Tampa FL 33602		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	Vardan Aghajanyan		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	445 Ivy St Apt 101		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Glendale CA 91204		<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  
  
Ashot Karapetyan  
\_\_\_\_\_  
Typed or printed name of signee



## Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** Prof Care LLC  
**Entity No.:** 202251616994  
**Registration Date:** 07/20/2022  
**Entity Type:** Limited Liability Company - CA  
**Formed In:** CALIFORNIA  
**Status:** Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of July 25, 2024.

**SHIRLEY N. WEBER, PH.D.**  
Secretary of State

**Certificate No.:** 232152728

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).