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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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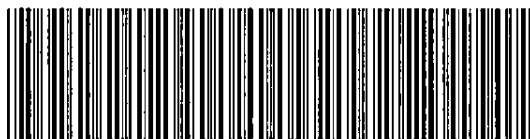
(Business Entity Name)

(Document Number)

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2024 AUG 23 PM 2:56

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Core Care 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:

Kevin Pezeshkian

Name of Person

Core Care PLLC

Firm/Company

214 S William St, Ste 2

Address

Goldsboro, North Carolina 27530

City/State and Zip Code

kevin@corecarelife.com

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

For further information concerning this matter, please call:

Kevin Pezeshkian

561

558-4771

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. Core Care 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. State of North Carolina
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (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. 214 S William St Ste 2
(Street Address of Principal Office)

6. 214 S Willaim St Ste 2
(Mailing Address)

Goldsboro, North Carolina 27530

Goldsboro, North Carolina 27530

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

Name: URS Agents LLC

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(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.

URS Agents, LLC
By: [Signature] Assistant Secretary
(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: Kevin Pezeshkian	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 214 S William St	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Goldsboro, North Carolina 27530	<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

Kevin Pezeshkian

Typed or printed name of signee



NORTH CAROLINA

Department of the Secretary of State

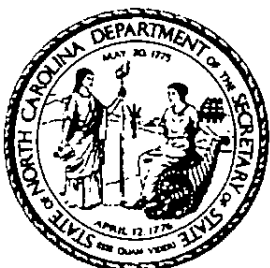
CERTIFICATE OF EXISTENCE (PROFESSIONAL LIMITED LIABILITY COMPANY)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

CORE CARE, PLLC

is a professional limited liability company duly formed under the laws of the State of North Carolina, having been formed on 8th day of May, 2023.

I FURTHER certify that, as of the date of this certificate, (i) the said professional limited liability company is not dissolved under the terms of its articles of organization, (ii) the said professional limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said professional limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of August, 2024.

Elaine F. Marshall

Secretary of State



North Carolina Medical Board

Michaux R. Kilpatrick, MD, PhD: President | Christine M. Khandelwal, DO: President-Elect | Devdutta G. Sangvai, MD, MBA: Secretary/Treasurer

P.L.L.C. Form 2

CERTIFICATION BY THE NORTH CAROLINA MEDICAL BOARD

The organizers of **CORE Care, PLLC** have certified to the North Carolina Medical Board the names and addresses of all persons who will be original members.

Based upon my examination of the records of this office, I hereby certify that each person who will be an original member of said professional limited liability company is duly licensed to practice medicine in North Carolina.

This certificate is executed under the authority of the North Carolina Medical Board on 04/27/2023.

R. David Henderson

R. David Henderson
Chief Executive Officer

