

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6383

****SECOND SUBMISSION!!!**

PLEASE FILE!!!**

From:

Account Name : VCORP SERVICES, LLC
 Account Number : 120080000067
 Phone : (845)425-0077
 Fax Number : (845)818-3588

****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
Arabella Health & Wellness of Pensacola GP LLC

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

2024 SEP -4 AM 11:12

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 05 2024
 K. Brumbley

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Arabella Health & Wellness of Pensacola GP LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC."

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(F.L.L. number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.
(See sections 605.0601 & 605.0605, F.S., to determine penalty liability.)

3440 Hollywood Blvd, Suite 415

5. (Street Address of Principal Office)

Hollywood, FL 33021

3440 Hollywood Blvd, Suite 415

6. (Mailing Address)

Hollywood, FL 33021

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

Name: Veora Agent Services, Inc.

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida

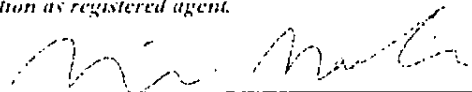
33324

(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.

By:



(Registered agent's signature)

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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>
☒ Manager	Name: <u>Chaim N Hertzfel</u>	☐ Manager	Name: <u>Joshua Sturm</u>
☐ Member	Address: <u>3440 Hollywood Blvd</u>	☒ Member	Address: <u>3440 Hollywood Blvd</u>
☐ Authorized	Suite <u>415</u>	☐ Authorized	Suite <u>415</u>
Person	<u>Hollywood, FL 33021</u>	Person	<u>Hollywood, FL 33021</u>
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: <u>Seth Fein</u>	☐ Manager	Name: _____
☒ Member	Address: <u>3440 Hollywood Blvd</u>	☐ Member	Address: _____
☐ Authorized	Suite <u>415</u>	☐ Authorized	_____
Person	<u>Hollywood, FL 33021</u>	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
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.



Signature of an authorized person

Chaim N Hertzfel

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARABELLA HEALTH & WELLNESS OF PENSACOLA GP LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARABELLA HEALTH & WELLNESS OF PENSACOLA GP LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.


Jeffrey W. Bullock, Secretary of State

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SR# 20243531021

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204256402

Date: 08-27-24