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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

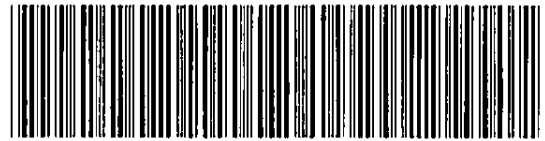
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Complete Senior Health 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:

Chuck Markus

Name of Person

Westmont Associates, Inc.

Firm/Company

1763 Marlon Pike East, Suite 200

Address

Cherry Hill, NJ 08003

City/State and Zip Code

chuck@westmontlaw.com

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

For further information concerning this matter, please call:

Chuck Markus

856 216-0220
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. Complete Senior Health 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. Oregon 87-4066535
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 12632 SE 39TH CT 12632 SE 39TH CT
(Street Address of Principal Office) (Mailing Address)

Milwaukie, OR 97222 Milwaukie, OR 97222

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

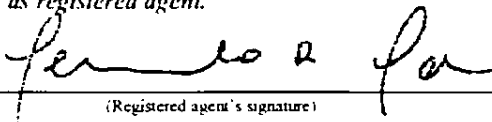
Name: COGENCY GLOBAL INC.

Office Address: 115 N Calhoun St Suite 4

Tallahassee 32301
(City) , Florida (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)

81:01:17 03/01/2017

03/01/2017

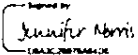
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Kristine Reardon	<input type="checkbox"/> Manager	Name: Jennifer Norris
<input type="checkbox"/> Member	Address: 12632 SE 39TH CT	<input type="checkbox"/> Member	Address: 12632 SE 39TH CT
<input type="checkbox"/> Authorized	Charlotte, NC 28203	<input type="checkbox"/> Authorized	Charlotte, NC 28203
Person	Milwaukie, OR 97222	Person	Milwaukie, OR 97222
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Chief Strategy Off	<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
 Jennifer Norris

 Typed or printed name of signer

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 3734977

I, LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

COMPLETE SENIOR HEALTH LLC

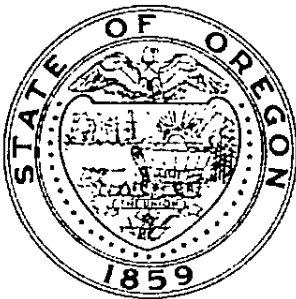
is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto
set my hand and affixed hereto the
Seal of the State of Oregon.



Lavonne Griffin-Valade

LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE

Issued Date: 8/21/2024



Come visit us on the internet at: <https://sos.oregon.gov/business>
or use the QR code to check their current status.



WESTMONT
ASSOCIATES, INC.

August 27, 2024

via UPS Delivery

Florida Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Attention: Secretary of State

**Re: Complete Senior Health LLC
Application for Authorization**

To Whom It May Concern:

Please consider the included Application for Authorization in regard to Complete Senior Health LLC for your review and approval. Westmont Associates, Inc. has been requested to submit this correspondence on behalf of Complete Senior Health LLC.

Also enclosed are a certificate of existence and a check in the amount of \$125 for the filing fee.

Thank you for your time and attention. Please contact me directly at 856-216-0220 or by email at chuck@westmontlaw.com should you have any questions or require any additional information.

Respectfully,

Chuck Markus

Chuck Markus