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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@biorecovery.com

RECEIVED

2024 SEP 30 AM 9:59

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**Foreign Limited Liability Company
BIRECOVERY GROUP LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2024 SEP 30 PM 5:02

11:00 AM

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

*IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS NAMED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Browcoovers Group LLC
 (Name of foreign limited liability company (does not include Florida limited liability company) (F.L.L.C.))

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The filer will name a new entity, if the current name is not available.)

2. New York 93-1508890
 (State of incorporation of the foreign limited liability company or jurisdiction) (Filer must complete)

3. 8-1-2024
 (Date first transacted business in Florida or date of incorporation)
 (See section 605.001(4)(a) for filing requirements for foreign limited liability companies)

4. 721 Mainland Ave, Ste C 44266 Virginia Dr
 (Street address of foreign office) (Filer must complete)

Ste C Apt 306
Altamonte Springs FL 32701 (Understate by The Secretary)
 (Filer must complete)

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

Name C.T. Corporation System

Office Address 1200 South Pine Island Road

Plantation 33324
FL 33066
 (Filer must complete)

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: Elizabeth Trunda Elizabeth Trunda
 Assistant Secretary
 (Filer must complete)

2024 SEP 30 PM 5:02

6-11-1-10

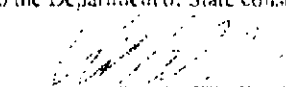
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Victoria Vallone</u>	☐ Manager	Name: _____
☒ Member	Address: <u>116 Grandview Drive</u>	☐ Member	Address: _____
☐ Authorized	<u>Shirley NY 11967</u>	☐ Authorized	_____
Person	_____	Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☐ Manager	 Name: _____	 ☐ Manager	 Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	_____	☐ Authorized	_____
Person	_____	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 authorized person

Victoria Vallone

Typed or printed name of signer

STATE OF NEW YORK

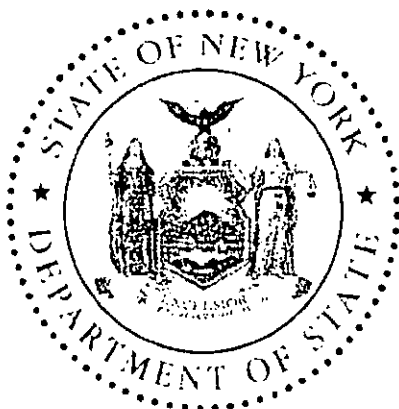
DEPARTMENT OF STATE

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:	BIORECOVERY GROUP LLC
DOS ID Number:	7190075
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	11-22-2023
Statement Status:	CURRENT
Statement Due Date:	11-30-2025

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 September 26, 2024 at 06:36 P.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State