

M25000000624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

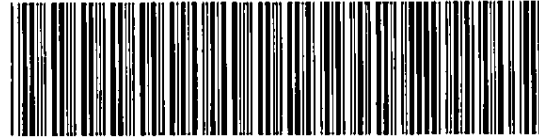
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000442600810

APPROVED
AND
FILED

2025 JAN 13 PM 6:24

2025 JAN 13 PM 6:24

2025 JAN 13 PM 6:27

2025 JAN 13 PM 6:27

JAN 13 2025

K. Brumley

MS



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 01/13/25
Order #: 1763411-1
Re: Citycom Health Connect, LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over a horizontal line.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority
Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
I20000000195
Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CITYCOM HEALTH CONNECT, 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:

Marni Silverstein

Name of Person

Firm/Company

520 Broad Street, 17th Floor

Address

Newark, NJ 07102

City/State and Zip Code

marni.silverstein@idt.net

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

For further information concerning this matter, please call:

Marni Silverstein

973

438-4496

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. CityCom Health Connect, 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. Delaware 3. _____
(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. 520 Broad Street 6. 520 Broad Street
(Street Address of Principal Office) (Mailing Address)
Newark, NJ 07102 Newark, NJ 07102

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

Name: Corporation Service Company

Office Address: 1201 Hays Street


Tallahassee 32301
(City) Florida (Zip code)

APPROVED
AND
FILED
2025 JAN 13 PM 6:24
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

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.

Corporation Service Company

By: 
(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 type="checkbox"/> Manager	Name: <u>CityCom Essential Services, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>Alan Schwab</u>
<input checked="" type="checkbox"/> Member	Address: <u>520 Broad Street</u>	<input type="checkbox"/> Member	Address: <u>520 Broad Street</u>
<input type="checkbox"/> Authorized	<u>Newark, NJ 07102</u>	<input type="checkbox"/> Authorized	<u>Newark, NJ 07102</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CEO</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Michael Stein</u>	<input type="checkbox"/> Manager	Name: <u>Avi Goldin</u>
<input type="checkbox"/> Member	Address: <u>520 Broad Street</u>	<input type="checkbox"/> Member	Address: <u>520 Broad Street</u>
<input type="checkbox"/> Authorized	<u>Newark, NJ 07102</u>	<input type="checkbox"/> Authorized	<u>Newark, NJ 07102</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Executive Chairr</u>	<input type="checkbox"/> Other <u>Director</u>	<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Bruce Schlanger</u>	<input type="checkbox"/> Manager	Name: <u>Howard Jonas</u>
<input type="checkbox"/> Member	Address: <u>520 Broad Street</u>	<input type="checkbox"/> Member	Address: <u>520 Broad Street</u>
<input type="checkbox"/> Authorized	<u>Newark, NJ 07102</u>	<input type="checkbox"/> Authorized	<u>Newark, NJ 07102</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other <u>General Counsel</u>	<input checked="" type="checkbox"/> Other <u>Director</u>	<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

Bruce Schlanger

Typed or printed name of signee

CSC QUAL-56330

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CITYCOM HEALTH CONNECT, 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 THIRTEENTH DAY OF JANUARY, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CITYCOM HEALTH CONNECT, LLC" WAS FORMED ON THE NINTH DAY OF JANUARY, A.D. 2025.

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



10061466 8300

SR# 20250106138

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202676894

Date: 01-13-25