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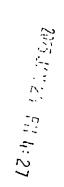
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T. LEMIEUX JAN 2 8 2025

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	MERCY PLUS HEALTHCARE SERVICES LLC
SUBJ	Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of nee, 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:
	MATTHEW J. ABRAHAM, ESQ
	Name of Person
	ABRAHAM LAW
	Firm/Company
	503 N LEROY STREET
	Address
	FENTON MI 48430
	City/State and Zip Code
	abraham.law@att.net
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	MJ ABRAHAM 810 750.0440 at ()
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301
Enclos	ed is a check for the following amount:
	\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & \sum \$155.00 Filing Fee & \sum \$160.00 Filing Fee. Certificate of Status & Certified Copy of Status & Certified Copy



October 16, 2024

MATTHEW J ABRAHAM, ESQ 503 N LEROY ST FENTON, MI 48430

SUBJECT: MERCY PLUS HEALTHCARE SERVICES LLC

Ref. Number: W24000141649

We have received your document for MERCY PLUS HEALTHCARE SERVICES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux Regulatory Specialist II

RECEIVED
JAN 2 4 2025

Letter Number: 824A00022864

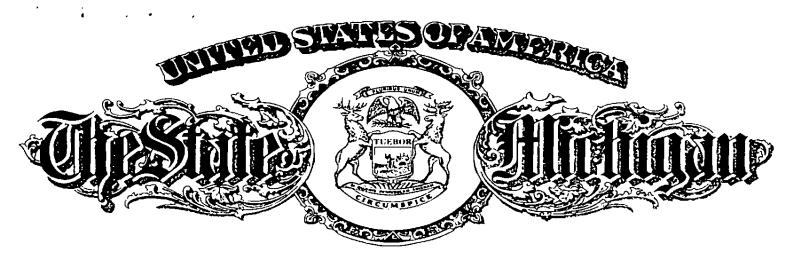
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

Name and street address of Florida registered agent: (P.O. Box NOT acceptable) GREGORY MANTE Output Company of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "MICHIGAN 3.	HIGAN diction under the law of which foreign limited liability company is organized) (Dute first transacted business in Florida, if prior to registration.) (See sections 603 0904 & 603 0905, E.S. to determine penalty liability) I BELVEDERE ROAD- SUITE 500-544 (Street Address of Principal Office) ST PALM BEACH, FL 33406 GREGORY MANTEI SOURCE FOR THE SUITE 500-544 Office Address: WEST PALM BEACH (City) Florida (Zip code) The address of Florida agent and to accept service of process for the above stated limited liability company at the plat add in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a thy with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the provisions of all statutes are all the provisions of all statutes are al		Limited Liability Company; must include "L	imited Liability Cor	mpany," "L.L.C.," or "LLC.")	
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(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1501 BELVEDERE ROAD- SUITE 500-544 (Street Address of Principal Office) WEST PALM BEACH, FL 33406 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) GREGORY MANTEI GREGORY MANTEI	(Dute first transsered business in Florida, if prior to registration.) (See sections 695 990 x 605 990 x 6	MICHIGAN				
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Title or Capacity:	Name and Address:			
CO-MANAGERS	GREGORY MANTEI and VALERIE MANTEI			
	1501 Belvedere Rd Suite 500 - 544 West Palm Beach, FL 33406			
(se attachments if necessary)				
	e, no more than 90 days old, duly authenticated by the official having custody of records in			
	is organized. (If the certificate is in a foreign language, a translation of the certificate under See attached CERTIFICATE OF GOOD STANDING- MICHIGAN			
	dated September 26, 2024 ordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information ment of State constitutes a third degree felony as provided for in s.817.155, F.S.			
	4.00			
MJ Abraha	4 Signature of an authorized person			

Typed or printed name of signee



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

MERCY PLUS HEALTHCARE SERVICES LLC

was validly authorized on September 18, 2009, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 26th day of September, 2024.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

Certificate Number: 24090645008