

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VSTATE FILINGS LLC

Account Number : I20110000086

Phone : (718)569-2703

Fax Number : (718)504-7890

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

Email Address: orders@vstatefilings.com

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

**Foreign Limited Liability Company
Vista Health Ventures LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED

14:24 APR 11 2025

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

MS

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. Vista Health Ventures 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 400 RELLA BOULEVARD
(Street Address of Principal Office)

6. 400 RELLA BOULEVARD
(Mailing Address)

MONTEBELLO NY 10901

MONTEBELLO NY 10901

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

Name: VSTATE FILINGS LLC

Office Address: 7064 NORTHWEST 49TH STREET

LAUDERHILL, Florida LAUDERHILL
(City) (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)

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SECTION 17 OF STATUTE
TREASURER, FL.

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):

Title or Capacity:

Name and Address:

☐ Manager

Name: ASHER STEIN

☐ Member

Address: 400 RELLA BOULEVARD

☐ Authorized

MONTEBELLO NY 10901

Person

☒ Other MGRM

☐ Other

Title or Capacity:

Name and Address:

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

☐ Other

☐ Other

☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person

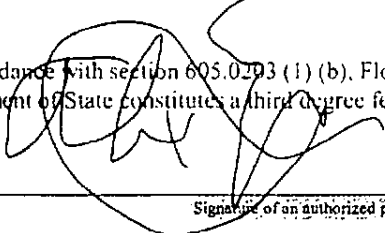
☐ Other

☐ 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 605.0293 (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

Alex England

Typed or printed name of signee

Delaware

The First State

Page 1

I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VISTA HEALTH VENTURES 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 ELEVENTH DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "VISTA HEALTH VENTURES LLC" WAS FORMED ON THE TENTH DAY OF APRIL, A.D. 2025.

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



10160672 8300

SR# 20251523760

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

A handwritten signature in black ink, reading "C. B. Sanchez".

Charuni Patibanda-Sanchez, Secretary of State

Authentication: 203418351

Date: 04-11-25