

MA21000005379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

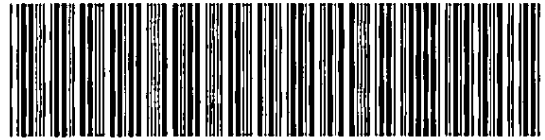
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21000052490

Office Use Only



700363047267

04/01/21--01017--027 **125.00

SECRETARY OF STATE
TALLAHASSEE, FL
2021 MAY -5 PM 3:03

FILED

US
5/6/21

April 26, 2021

Syed Zain Razvi
Nations Health Administrators LLC
Doc Number: L20000137083
8950 SW 69th Court, Apt 108,
Pinecrest, FL 33156

RE: No Intention of Revoking the Dissolution (L20000137083)

To Whom This May Concern:

I, Syed Zain Razvi, have no intention to revoke the dissolution for entity number L20000137083. Please release the entity name, Nations Health Administrators LLC, for use.

Regards,

A handwritten signature in black ink, appearing to be 'S. Razvi', with a long horizontal line extending to the right.

Syed Zain Razvi



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2021

SYED ZAIN RAZVI
429 LENOX AVENUE
MIAMI BEACH, FL 33139

SUBJECT: NATIONS HEALTH ADMINISTRATORS LLC
Ref. Number: W21000052490

We have received your document for NATIONS HEALTH ADMINISTRATORS 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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.

Yvette Scott
Document Specialist II

Letter Number: 721A00007954

RECEIVED
MAY 03 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nations Health Administrators 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:

Syed Zain Razvi

Name of Person

Nations Health Administrators LLC

Firm/Company

429 Lenox Avenue

Address

Miami Beach, FL 33139

City/State and Zip Code

zain_razvi@yahoo.com

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

2021 MAY -5 PM 3:08
REGISTRATION SECTION
FLORIDA DEPARTMENT OF STATE

FILED

For further information concerning this matter, please call:

Zain Razvi

954

821-5799

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. Nations Health Administrators 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. 85-1098733
(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. 429 Lenox Avenue
(Street Address of Principal Office)
Miami Beach, FL 33139

6. 429 Lenox Avenue
(Mailing Address)
Miami Beach, FL 33139

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2021 MAY -5 PM 3:03
SECRET

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

Name: Syed Zain Razvi

Office Address: 429 Lenox Avenue

Miami Beach, Florida 33139
(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)

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]:

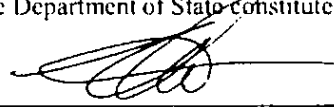
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Syed Zain Razvi</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>429 Lenox Avenue</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Miami Beach, FL 33139</u>	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized 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 Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2021 MAY -5 PM 3:09
 FILED
 OFFICE OF THE CLERK
 STATE OF FLORIDA

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

Syed Zain Razvi

Typed or printed name of signee

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NATIONS HEALTH ADMINISTRATORS 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 TWELFTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NATIONS HEALTH ADMINISTRATORS LLC" WAS FORMED ON THE NINTH DAY OF JULY, A.D. 2020.

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

FILED
2021 MAY -5 PM 3:04
OFFICE OF THE SECRETARY OF STATE
DELAWARE




Jeffrey W. Bullock, Secretary of State

3264459 8300

SR# 20211256749

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

Authentication: 202949303

Date: 04-12-21