

M240000009777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

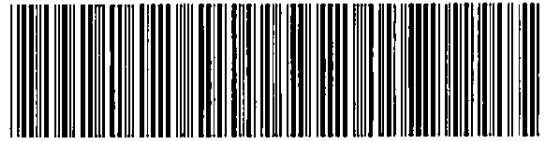
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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07/23/24--01001--L11 **177.11

06/04/24--01008--023 **130.00

RECEIVED

JUN 03 2024



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2024

ANNE RASCON
1 BLUE HILL PLAZA STE 1509
PEARL RIVER, NY 10965 US

SUBJECT: BETTER HEALTH BETTER PAY COLLABORATIVE LLC
Ref. Number: W24000090492

We have received your document for BETTER HEALTH BETTER PAY COLLABORATIVE LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

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

Ariel Jones
Regulatory Specialist II

Letter Number: 424A00012982

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Better Health Better Pay Collaborative 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:

Anne Rascon
Name of Person

Better Health Better Pay Collaborative LLC
Firm/Company

1 Blue Hill Plaza STE 1509
Address

Pearl River, NY 10965
City/State and Zip Code

arascon@bhbpccollaborative.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne Rascon at (917) 5936538
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. Better Health Better Pay Collaborative LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. Delaware 3. 87-3911178
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. May 2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1 Blue Hill Plaza STE 1509 6. 1 Blue Hill Plaza STE 1509
(Street Address of Principal Office) (Mailing Address)

Pearl River, NY 10965 Pearl River, NY 10965

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

Name: United States Corporation Agents Inc

Office Address: 476 Riverside Avenue

Jacksonville, Florida 32202
(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.

Erik Treutlein Erik Treutlein, Vice President for
(Registered agent's signature) United States Corporation Agents, Inc.

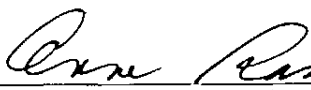
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Anne Rascon</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1 Blue Hill Plaza STE 1509</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Pearl River, NY 10965</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Anne Rascon</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>1 Blue Hill Plaza STE 1509</u>	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	<u>Pearl River, NY 10965</u>	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<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

Anne Rascon

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "BETTER HEALTH BETTER PAY COLLABORATIVE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE SIXTH DAY OF DECEMBER, A.D. 2021, AT 8:15 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "BETTER HEALTH BETTER PAY COLLABORATIVE LLC".

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BETTER HEALTH BETTER PAY COLLABORATIVE LLC" WAS FORMED ON THE SIXTH DAY OF DECEMBER, A.D. 2021.

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



6449023 8310

SR# 20241511351

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: 203397782

Date: 05-03-24