

Mail 000004580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

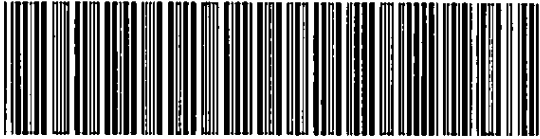
(Business Entity Name)

(Document Number)

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300363452023

FILED  
2021 APR 13 PM 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED  
2021 APR 13 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FL 9910

*Walt Searl*

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 722704 7894953  
AUTHORIZATION : *Squidleman*  
COST LIMIT : \$ 125.00

-----  
ORDER DATE : March 18, 2021  
ORDER TIME : 9:01 AM  
ORDER NO. : 722704-010  
CUSTOMER NO: 7894953  
-----

FOREIGN FILINGS

NAME: SENIOR HEALTH SOLUTIONS LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 14, 2021

CSC

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: SR HEALTH INSURANCE AGENCY  
Ref. Number: W21000050297

We have received your document for SR HEALTH INSURANCE AGENCY .  
However, the enclosed document has not been filed and is being returned to you  
for the following reason(s):

The name of a limited liability company in the state of Florida must contain the  
words "Limited Liability Company," the abbreviation "L.L.C.," or the designation  
"LLC." Please add the appropriate designation to the name of your limited liability  
company or to the alternate name you have selected for the state of Florida, if  
your name is unavailable in this state. The following suffixes are no longer  
acceptable limited liability company suffixes in Florida: "Limited Company,"  
"L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer  
acceptable.

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

Suzanne Hawkes  
Regulatory II

Letter Number: 721A00007693

RECEIVED  
2021 APR 16 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



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. Senior Health Solutions LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

SR Health Insurance Agency 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. New York 83-0696405
(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. 437 East Allen Street same as principal office
(Street Address of Principal Office) (Mailing Address)
2nd FL
Hudson, NY 12534

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

By: [Signature]
(Registered agent's signature)

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2021 APR 13 PM 12:23
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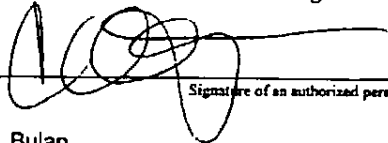
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Charles R. Bujan</u>	<input type="checkbox"/> Manager	Name: <u>Daniel Jacoby</u>
<input type="checkbox"/> Member	Address: <u>PO BOX 1238</u>	<input checked="" type="checkbox"/> Member	Address: <u>5 Anita Court</u>
<input type="checkbox"/> Authorized Person	<u>Hudson, NY 12534</u>	<input type="checkbox"/> Authorized Person	<u>Cortlandt Manor, NY 10567</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Scott Jacoby</u>	<input type="checkbox"/> Manager	Name: <u>David Cotie</u>
<input checked="" type="checkbox"/> Member	Address: <u>127 Sharptown Road</u>	<input checked="" type="checkbox"/> Member	Address: <u>218 East 52nd Street</u>
<input type="checkbox"/> Authorized Person	<u>Stuyvesant, NY 12173</u>	<input type="checkbox"/> Authorized Person	<u>Apt 3R</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<u>New York, NY 10022</u>
<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 _____

**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  
 Charles R. Bujan  
 \_\_\_\_\_  
 Typed or printed name of signer

**State of New York  
Department of State } ss:**

*I hereby certify, that SENIOR HEALTH SOLUTIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/29/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.*

*The Biennial Statement is past due.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 09th day of April  
two thousand and twenty-one.*

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State