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(Requestor's Name)

(Address)

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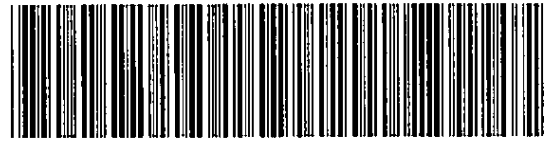
(City/State/Zip/Phone #)

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(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

Tapestry TeleHealth PLLC LLC

SUBJECT: \_\_\_\_\_  
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:

Cheryl Nichols

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

15 Bedlow Avenue

\_\_\_\_\_  
Address

Newport, RI 02840

\_\_\_\_\_  
City/State and Zip Code

nicholschery02840@gmail.com

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

For further information concerning this matter, please call:

Cheryl Nichols

401

683-8947

\_\_\_\_\_  
Name of Contact Person at (\_\_\_\_\_) \_\_\_\_\_  
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. Tapestry TeleHealth PLLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Tapestry TeleHealth PLLC 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.")  
Connecticut 82-2612399

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(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)  
99 Hawley Lane 99 Hawley Lane

5. \_\_\_\_\_ 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)  
Stratford, CT 06614 Stratford, CT 06614

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

CT Corporation System  
Name: \_\_\_\_\_  
1200 South Pine Island Road  
Office Address: \_\_\_\_\_  
Plantation 33324  
\_\_\_\_\_, Florida \_\_\_\_\_  
(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.*

CT Corporation System  
Nichol McCroy Nichol McCroy, Assistant Secretary  
\_\_\_\_\_  
(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>David M. Chess, M.D.</u>    | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member             | Address: <u>99 Hawley Lane</u>       | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized Person  | <u>Stratford, CT 06614</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 _____ |

**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  
 David Chess  
 \_\_\_\_\_  
 Typed or printed name of signee

I, the Connecticut Secretary of the State, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that articles of organization for

TAPESTRY TELEHEALTH PLLC

a domestic limited liability company, were filed in this office on August 23, 2017.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such  
limited liability company is in existence.



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Secretary of the State

Date Issued: April 13, 2021