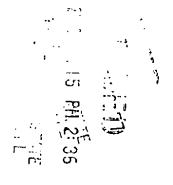
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

RECEIVED

T. LEMIEUX APR - 5 2022



April 5, 2022

COGENCY GLOBAL

SUBJECT: SKIN NY DERMATOLOGY, P.L.L.C.

Ref. Number: W22000044594

We have received your document for SKIN NY DERMATOLOGY, P.L.L.C.. However, the document has not been filed and is being returned for the following:

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 722A00007865





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date: April 04, 2022		Accounts. 1200000000			
Name:K	EN				
Reference #:	1638134				
Entity Name:	SKIN NY	DERMATOLOGY, P.L.L.C.			
Articles of Incorp	ooration/Authoriz	ation to Transact Business			
Amendment					
Change of Agen	t	ISSUES? CALL			
Reinstatement		KEN: 518-213-0738			
Conversion					
Merger Merger					
Dissolution/With	drawal				
Fictitious Name					
Other					
Authorized Amount	: \$125.0	0			
Signature					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	SKIN NY DERMAT					
(Name of Foreign Lin	nited Liability Company; must include "Limit	ed Liability Con	ipany," "L.L.C.," or "EEC	.")		
	Skin NY Dermatology, L					
f name unavailable, enter alternate name	adopted for the purpose of transacting business in Fl	orida. The alternate	name must include "Limited	Liability Con	npany," "L.L.C," or "	LLC")
	ew York	3	81-1103341			
(Jurisdiction under the law of which foreign limited liability company is organized)			(lEi n	umber, if app	licable)	_
	03/21/2022					
·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) nine penalty liabilit				
956 Fifth Av	ve, Suite 2A	6.	956 Fifth Ave, Suite 2A			
(Street Address of Princ	(Street Address of Principal Office)		(Mailing Address)			
NY, NY	NY, NY 10075		NYC, NY 10075			
Name and street address of Name:	of Florida registered agent: (P.O. Bor		otable)		***	
Office Address:	115 North Calhoun St. S	Suite 4			5 PH 2	1 9
	Tallahassee		, Florida 323	301	136 136	
_	(City)		(Zip	code)		

(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]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Rita Linkner, M.D. Name: Manager Name: 10 Andrews Road **⋉**Member Address: _ Member Address: Greenwich, CT 06830 ■ Authorized Authorized Person Person Other____ Other []Other Other Manager Manager Manager Name: | | Member Address: Member | Address: Authorized Authorized Person Person Other___ Other____ Other____ Other____ Name: _____ Name: __ | Manager ☐ Manager ∐Member Address: | Member Address: ☐ Authorized Authorized Person Person __Other_ Other_ Other____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Randi E Seizel
Signature of an authorized person

Randi Seigel

Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

1. ROBERT J. RODRIGUEZ. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: SKIN NY DERMATOLOGY, P.L.L.C.

DOS ID Number: 4875507

Entity Type: DOMESTIC PROFESSIONAL SERVICE LIMITED LIABILITY COMPANY

Entity Status: EXISTING
Date of Initial Filing with DOS: 01/08/2016

Statement Status: CURRENT Statement Due Date: 01/31/2022

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 01, 2022 at 07:50 P.M.

Brandon C. Hughan

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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