

M23000007011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

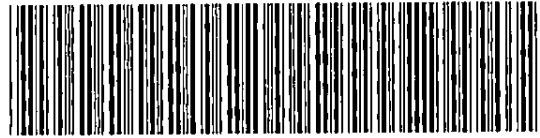
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/18/23--01026--004 \*\*130.00

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 MAY 18 AM 11:34

FILED

CHERYL A. NICHOLS  
15 Bedlow Avenue  
Newport, Rhode Island 02840  
(401) 683-8947  
nicholscheryl02840@gmail.com

May ~~10~~ 2023

VIA FEDERAL EXPRESS

Florida Secretary of State  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Re: Application by Foreign Limited Liability Company for Authorization to  
Transact Business in Florida  
Chess Medicine PLLC LLC

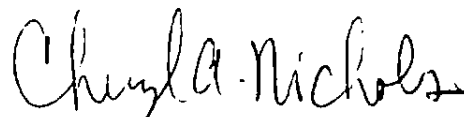
Dear Sir/Madam:

Enclosed for filing please find an Application by Foreign Limited Liability Company for  
Authorization to Transact Business Florida, as well as a Certificate of Status dated April 26,  
2023.

Also enclosed is a check in the amount of \$130.00 made payable to the Florida  
Department of State which represents the filing fee.

Please do not hesitate to contact me at the email address or telephone number above if  
you have any questions regarding this filing.

Sincerely,



Cheryl A. Nichols

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations
Chess Medicine 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

nicholscheryl02840@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

- Options for filing fees: \$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

2023 MAY 18 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANACT BUSINESS IN THE STATE OF FLORIDA:*

1. Chess Medicine PLLC  
 \_\_\_\_\_  
 (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
 Chess Medicine 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.")  
 New York 85-2232119

2. \_\_\_\_\_ 3. \_\_\_\_\_  
 (Jurisdiction under the law of which foreign limited liability company is organized) (PEI 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)  
 7 Hemion Road, Suite 110 7 Hemion Road, Suite 110

5. \_\_\_\_\_ 6. \_\_\_\_\_  
 (Street Address of Principal Office) (Mailing Address)  
 Montebello, NY 10901 Montebello, NY 10901

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

Name: CT Corporation System  
 \_\_\_\_\_  
 Office Address: 1200 South Pine Island Road  
 \_\_\_\_\_  
 Plantation 33324  
 \_\_\_\_\_, Florida \_\_\_\_\_  
 (City) (Zip code)

2023 MAY 18 AM 11:34  
 SECRETARY OF STATE  
 TALLAHASSEE, FL  
**FILED**

**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.*

*Kathryn A. [Signature]*  
 \_\_\_\_\_  
 (Registered agent's signature)

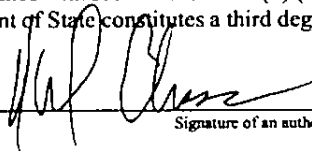
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: David M. Chess, MD	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 99 Hawley Lane	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Stratford, CT 06614	<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 _____
<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

David M. Chess, Member  
 \_\_\_\_\_  
 Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, 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: CHESS MEDICINE PLLC  
DOS ID Number: 5795158  
Entity Type: DOMESTIC PROFESSIONAL SERVICE LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 07/23/2020  
Statement Status: CURRENT  
Statement Due Date: 07/31/2024

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 26, 2023 at 12:53 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State