

F21000004580

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(Address)

(Address)

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M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cognivue, Inc.

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Samantha McDonnell

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

Cognivue, Inc.

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

7911 Rae Blvd

\_\_\_\_\_  
Address

Victor, NY 14564

\_\_\_\_\_  
City/State and Zip code

smcdonnell@cognivue.com

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

For further information concerning this matter, please call:

Samantha McDonnell

at ( 585 ) 978-8528

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee &    ☐ \$78.75 Filing Fee &    ☐ \$87.50 Filing Fee.

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Cognivue, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 82-4225907  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/16/2018 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 10/01/2018  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7911 Rae Blvd, Victor, NY 14564  
(Principal office street address)


(Current mailing address, if different)

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

Name: Capitol Corporate Services, Inc.  
Office Address: 515 East Park Ave, 2nd Floor  
Tallahassee, Florida 32301  
(City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

  
\_\_\_\_\_  
(Registered agent's signature)

Yvette Cleveland, Assistant Secretary on  
behalf of Capitol Corporate Services, Inc.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

## A. DIRECTORS

Chairman Name: Blase Thomas Golisano

☐ Vice Chairman      Address: 7632 County Road 42, Victor NY

☐ Director 756☐ President☐ Vice President☐ Secretary                      ☐ Treasurer☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman      Address: 7911 Rae Blvd, Victor NY 14560

☐ Director

■ President Tom O'Neill

☐ Vice President☐ Secretary                      ☐ Treasurer☐ Other ☐ Other

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman    Address:☐ Director☐ President☐ Vice President☐ Secretary                      ☐ Treasurer☐ Other ☐ Other

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman      Address: 7632 County Road 42, Victor NY

☐ Director \_\_\_\_\_ 45☐ President \_\_\_\_\_☐ Vice President☐ Secretary                      ☐ Treasurer☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ Matthew Ray

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman      Address: 7632 County Road 42, Victor NY

☐ Director 1456☐ President \_\_\_\_\_☐ Vice President☐ Secretary                      ☐ Treasurer

☐ Other David Bovenzi ☐ Other

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman      Address: \_\_\_\_\_

☐ Director☐ President☐ Vice President \_\_\_\_\_☐ Secretary                      ☐ Treasurer☐ Other \_\_\_\_\_ ☐ 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.

12. \_\_\_\_\_  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Tom O'Neill, President and CEO  
(Typed or printed name and capacity of person signing application)

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

*I hereby certify, that the Certificate of Incorporation of COGNIVUE, INC. was filed on 01/16/2018, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation. I further certify the following:*

*A Biennial Statement was filed 05/19/2020.*

*I further certify that no other documents have been filed by such corporation.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 17th day of May  
two thousand and twenty-one.*

*Brendan C. Hughes*

Brendan C. Hughes  
Executive Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 2, 2021

SAMANTHA MCDONNELL  
COGNIVUE, INC.  
7911 RAE BLVD.  
VICTOR, NY 14564

SUBJECT: COGNIVUE, INC.  
Ref. Number: W21000095752

We have received your document for COGNIVUE, INC. and check(s) totaling \$78.75. 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 \$450.00.

— Enclosed

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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

Mel Solomon  
Senior Section Administrator

Letter Number: 721A00015294

RECEIVED  
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