

F22000000824

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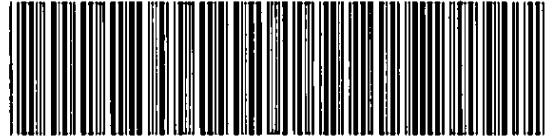
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S. HAWKES  
FEB - 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2022

FLORIDA FILING

SUBJECT: CADENCE SOLUTIONS, INC.  
Ref. Number: W22000009179

2022 FEB 10 PM 1:54

We have received your document for CADENCE SOLUTIONS, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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

Suzanne Hawkes  
Regulatory II

Letter Number: 122A00002269

*please keep original file date*  
*thank you!*

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE:** 1/27/22

**NAME:** CADENCE SOLUTIONS, INC.

**TYPE OF FILING:** APPLICATION

**COST:** 78.75

**RETURN:** CERTIFIED COPY PLEASE

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**ACCOUNT:** FCA000000015

**AUTHORIZATION:** ABBIE/PAUL HODGE

*A Hodge*

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CADENCE SOLUTIONS, 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:

CHARLOTTE M ROORK

Name of Person

MCDERMOTT WILL & EMERY LLP

Firm/Company

444 W LAKE ST STE 4000

Address

CHICAGO IL 60606

City/State and Zip code

STATREP@COAGENCYGLOBAL.COM

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

For further information concerning this matter, please call:

CHARLOTTE ROORK

at ( 312 ) 899-7286

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 &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**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. CADENCE SOLUTIONS, INC.

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

CADENCE SOLUTIONS (DE), INC.

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

2. DELAWARE

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 11/25/2020

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. NOT YET TRANSACTING BUSINESS

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

7. 295 LAFAYETTE STREET 7TH FLOOR NEW YORK NY 10012

(Principal office street address)

(Current mailing address, if different)

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

Name: COGENCY GLOBAL, INC.

Office Address: 115 NORTH CALHOUN STREET SUITE 4

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.*

/S/ SHANNON M. MADDIX

(Registered agent's signature)

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]:

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FLA

## A. DIRECTORS

☐ Chairman Name: Dr. Theodore Feldman  
☐ Vice Chairman Address: 295 Lafayette Street, 7th Floor  
☐ Director New York, NY 10012  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Chief Medical Officer ☐ Other \_\_\_\_\_

☐ Chairman Name: Susan Mackin  
☐ Vice Chairman Address: 295 Lafayette Street, 7th Floor  
☐ Director New York, NY 10012  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Head of Care Delivery ☐ Other \_\_\_\_\_

☐ Chairman Name: Vikram Singh  
☐ Vice Chairman Address: 295 Lafayette Street, 7th Floor  
☐ Director New York, NY 10012  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Head of Product ☐ Other \_\_\_\_\_

☐ Chairman Name: Meryl Holt  
☐ Vice Chairman Address: 295 Lafayette Street, 7th Floor  
☐ Director New York, NY 10012  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Senior Counsel ☐ Other \_\_\_\_\_

☐ Chairman Name: Chip Stine  
☐ Vice Chairman Address: 295 Lafayette Street, 7th Floor  
☐ Director New York, NY 10012  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Chief Communications Officer Business Operations Lead ☐ Other \_\_\_\_\_

☐ Chairman Name: Ryan Keith  
☐ Vice Chairman Address: 295 Lafayette Street, 7th Floor  
☐ Director New York, NY 10012  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other Partnerships Lead ☐ 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. Chip Stine  
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. CHIP STINE, CHIEF COMMUNICATIONS OFFICER / BUSINESS OPERATIONS LEAD

(Typed or printed name and capacity of person signing application)

ATTACHMENT TO APPLICATION FOR AUTHORITY

**CADENCE SOLUTIONS, INC.**

ADDITIONAL OFFICERS AND DIRECTORS

Name	Title(s)	Address
Christopher Altchek	President Chief Executive Officer Treasurer Secretary	295 Lafayette Street, 7 <sup>th</sup> Floor New York, NY 10012
Eric Hauser	Chief Technology Officer	295 Lafayette Street, 7 <sup>th</sup> Floor New York, NY 10012

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CADENCE SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CADENCE SOLUTIONS, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



4257541 8300

SR# 20220244709

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202482389

Date: 01-25-22