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#### **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Sigmund Software, LLC 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:   |
| Jaseph Santon   |
| Sagmand Software UC   |
| Firm/Company  Ga No. 1. 31)   |
|   |
| Brewster N.Y. 10509   |
| City/State and Zip Code   |
| Santoro & Sigmund Software - Gom E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:  |
| Toseph Santoro at 347 672-7192  Name of Person Area Code & Daytime Telephone Number   |
| MAILING ADDRESS:  Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301                                  |
| Enclosed is a check for the following amount:  \$\int\\$\$\\$\$125.00 \text{ Filing Fee}\$  \$\int\\$\$\$Certificate of Status  \$\int\\$\$\$Certified Copy  \$\int\\$\$\$  \$\int\\$\$\$72.50  |



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 13, 2011

JOSEPH SANTORO, PH.D 9175 MISSISSIPPI RUN WEEKI WACHEE, FL 34613

SUBJECT: SIGMUND SOFTWARE, LLC

Ref. Number: W11000020655

2011 MAY - 9 AM II: 83

We have received your document for SIGMUND SOFTWARE, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign Corporation, but your entity is a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 611A00008924

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

| IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN<br>LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:  |
|--|
| 1  |
|  |
| Sig Soft, LLC  |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability |
| Company," "L.L.C," "LLC.")   |
| 2. New York 3. 20-8744034  (Jurisdiction under the law of which foreign limited liability 3. (FEI number, if applicable)   |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)   |
| 12/20/2002 Demetual  |
| 4. 12/20/2002  (Date of Organization)  5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")   |
| exist or "perpetual")  |
| 6  |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)  |
| 7 509 Rouk 312 T   |
| Brewster New York 10509 (Street Address of Principal Office)   |
| (Street Address of Principal Office)   |
|  |
| 8. If limited liability company is a manager-managed company, check here   |
| 9. The name and usual business addresses of the managing members or managers are as follows:   |
| (na D. 1. 312  |
| Drewster, New York 10509   |
| Drewster, New York 10509   |
| <i>,</i>   |
|  |
| 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)  |
| 11. Nature of business or purposes to be conducted or promoted in Florida:   |
|  |
| electronic medical records systems   |
| _ ( son Into   |
| Signature of a prember or an authorized representative of a member.  |
| (In accordance with section 668.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)  |
| Joseph Santoro   |
| Typed or printed name of signee  |

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is:                                   |               |                |
|--|---------------|----------------|
| Sigmund Software, LLC  |               |                |
| If unavailable, the alternate to be used in the state of Florida is:               |               | ,              |
| Sig Soft, LLC  | <u></u>       |                |
| 2. The name and the Florida street address of the registered agent and office are: |               |                |
| Joseph Santon<br>(Name)  | 2011<br>FACE: |                |
| 9175 Wissiscippi Run   | MAY -9        | F              |
| Florida Street Address (P.O. Box NOT ACCEPTABLE)                                   | AMII: L       | $\overline{m}$ |
| Weeki Wachee FL 34613  | 70 m          | O              |
| City/State/Zip   |               |                |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

\$ 100.00 Filing

Filing Fee for Application

\$ 25.00

**Designation of Registered Agent** 

\$ 30.00

00 Certified Copy (optional)

5.00

Certificate of Status (optional)

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

I hereby certify, that SIGMUND SOFTWARE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/20/2002, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 17th day of March two thousand and eleven.

First Deputy Secretary of State