

W14000006849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

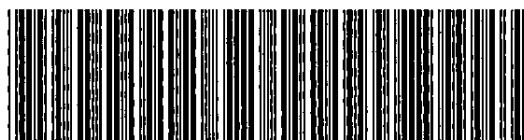
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SEP 22 2014

B. BOETTICK

SEP 23 2014

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Neuro Alert Services, 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:

Karthik Seshan

Name of Person

Neuro Alert Services, LLC

Firm/Company

399 Knollwood Road Suite #108

Address

White Plains, NY 10603

City/State and Zip Code

kseshan@neuroalert.com

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

For further information concerning this matter, please call:

Karthik Seshan

Name of Contact Person

at (**914**) **367-1856**

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:

☐ \$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

SEP 22 2 01 PM '01

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

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

1. Neuro Alert Services LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.")

2. New York State

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 46-4346288

(FEI 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)

5. 399 Knollwood Road Suite #108

White Plains, NY 10603

(Street Address of Principal Office)

6. 399 Knollwood Road Suite #108

White Plains, NY 10603

(Mailing Address)

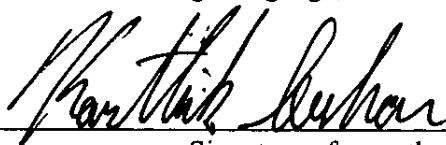
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Ed Whitney, COO 399 Knollwood Road White Plains, NY 10603

Karthik Seshan Chief Innovation Officer, 399 Knollwood Road White Plains, NY 10603

TV Seshan, President 399 Knollwood Road White Plains, NY 10603

8. 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)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

Karthik Seshan

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

NEURO ALERT SERVICES LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

INCorp SERVICES, INC.

(Name)

17888 67TH COURT NORTH

Florida Street Address (P.O. Box NOT ACCEPTABLE)


LOXAHATCHEE

FL

33470

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 605, Florida Statutes.

 **Heather Nee for Incorp Services, Inc.**
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

SEP 22 2011

FILED

State of New York
Department of State } ss:

I hereby certify, that NEURO ALERT SERVICES LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/11/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.



2014 SEP 22 P 3:11

FILED

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 18th day of August two
thousand and fourteen.*

Anthony Giardina

Executive Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2014

KARTHIK SESHAN
399 KNOLLWOOD ROAD
SUITE 108
WHITE PLAINS, NY 10603

SUBJECT: NEURO ALERT SERVICES LLC
Ref. Number: W14000055114

We have received your document for NEURO ALERT SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 614A00019274

FILED
SEP 22 PM 5:00
TALLAHASSEE, FL