

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : I201200000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

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Email Address: Documents@incorp.com

**Foreign Limited Liability Company
Biomedical Research Alliance of New York LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

K. SALLY
EXAMINER
APR 29

2016 APR 28 PM 12:30

TALLAHASSEE, FLORIDA

H160001056012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Biomedical Research Alliance of New York 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:

Melissa Gubler

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Parkway, Suite 500s

Address

Las Vegas, NV 89169

City/State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

Melissa Gubler on behalf of InCorp Services, Inc.

at (702)

866-2500

Name of Contact 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:

☐ \$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

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

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

1. Biomedical Research Alliance of New York LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. New York 3. 13-3999590
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon registration
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1400 NW 10th Avenue Ste 908
Miami FL 33136
(Street Address of Principal Office)

6. 1400NW 10th Avenue Ste 908
Miami FL 33136
(Mailing Address)

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

Name: InCorp Services Inc
Office Address: 17888 67th Court North
Loxahatchee, Florida 33470
(City) (Zip code)

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.

Melissa Gubler Melissa Gubler on behalf of InCorp Services, Inc.
(Registered agent's signature)

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

See attached

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)

Kimberly Irvine
Signature of an authorized person

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.817.153, F.S.

Kimberly Irvine
Typed or printed name of signee

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Biomedical Research Alliance of New York, LLC**Tax ID: 13-3999590****Date of Organization - 3/11/1998****Limited Liability Company-Managing Members**

Institution Name	Address	City, State, Zip
Icahn School of Medicine at Mount Sinai	One Gustave L. Levy Place	New York, NY 10029
Montefiore Medical Center	111 E. 210th Street	Bronx, NY 10467
New York University School of Medicine	550 First Avenue	New York, NY 10016
Northwell Health	350 Community Drive	Manhasset, NY 11030

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State of New York
Department of State } ss:

I hereby certify, that BIOMEDICAL RESEARCH ALLIANCE OF NEW YORK LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/11/1998, and that the Limited Liability Company is existing so far as shown by the records of the Department.



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 11th day of April two
thousand and sixteen.

Anthony Giardina

Executive Deputy Secretary of State

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