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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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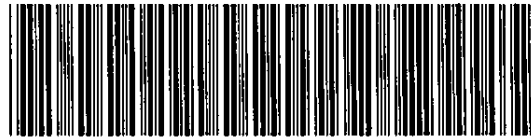
(Business Entity Name)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FEB 13 2017  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** MyDocReplay, 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:

David Siflinger

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

David's Planning Services, LLC

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

2 Eton Place

\_\_\_\_\_  
Address

Eastchester, NY 10709

\_\_\_\_\_  
City/State and Zip Code

Siflinger@verizon.net

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

For further information concerning this matter, please call:

David Siflinger

914

527-2343

at ( )

\_\_\_\_\_  
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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of Status & Certified Copy

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

IN ACCORDANCE WITH SECTION 605, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. MyDocRenlay, LLC  
 Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP."

N/A

(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 "LLP.")

2. New York N/A  
 Jurisdiction under the law of which foreign limited liability company is organized (FF number, if applicable)

3. N/A  
 (Date first transacted business in Florida, if prior to registration. (See sections 605.09(14) & 605.09(5), F.S., to determine penalty liability.)

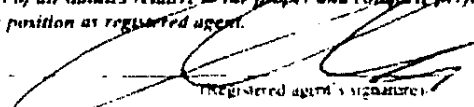
4. 16132 Suncrest Shores Drive  
Odessa, Florida 33556  
 (Street Address of Principal Office)

5. 16132 Suncrest Shores Drive  
Odessa, Florida 33556  
 (Mailing Address)

6. Name and street address of Florida registered agent (P.O. Box NOT acceptable)  
 Name: Dennis Deruelle  
 Office Address: 16132 Suncrest Shores Drive  
Odessa Florida 33556  
 (City) (Zip code)

**Registered agent's acceptance:**

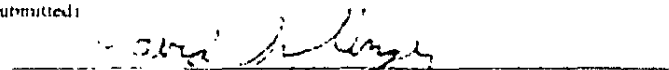
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*

  
 (Registered agent's signature)

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

<u>Adrian Sansone</u>	<u>Member</u>	<u>51 William Road, North Massapequa, NY 11758</u>
<u>Dennis Deruelle</u>	<u>Member</u>	<u>16132 Suncrest Shores Drive, Odessa, Florida 33556</u>
<u>David Siflinger</u>	<u>Organizer</u>	<u>2 Eden Place, Eastchester, NY 10709</u>

8. 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.)

  
 Signature of an authorized person

This document is executed in accordance with section 605.02(3)(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. 817.155, F.S.

David Siflinger  
 Typed or printed name of signer

FILED  
 SECRETARY OF STATE  
 DEPARTMENT OF REVENUE  
 17 FEB -9 PM 2:29

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

I hereby certify, that MYDOCREPLAY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/24/2017 with an effective date of 01/24/2017, 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 24th day of January two  
thousand and seventeen, at 2:37 PM.*

*Brendan W. Fitzgerald  
Executive Deputy Secretary of State*