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(City/State/Zip/Phone #)

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T. LEMIEUX

JAN 24 2020

## COVER LETTER

Registration Section  
Division of Corporations

CareSight, LLC

Name of Limited Liability Company

enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Incorporation and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

For all correspondence concerning this matter to the following:

Kenneth M. Schiff

Name of Person

CareSight, LLC

Firm/Company

3784 Coquina Drive

Address

Sanibel, FL 33957

City/State and Zip Code

kenny@caresight.com

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

For information concerning this matter, please call:

Kenneth M. Schiff

203

858-0148

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

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

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

Company Name, LLC.

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

For the purpose of transacting business in Florida, the alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

Identified

35-2560836

3.

(FBI number, if applicable)

019

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

Post Road East

606 Post Road East

6.

(Mailing Address)

(Mailing Address)

12

Suite 512

Westport, CT 06880

Westport, CT 06880

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

Name:

Kenneth M. Schiff

Office Address:

3784 Coquina Drive

Sanibel

(City)

, Florida

33957

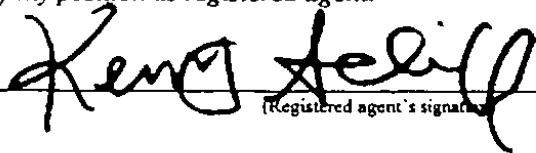
(Zip code)

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TALLAHASSEE, FLORIDA

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Registered agent's acceptance:

I have been named as registered agent and to accept service of process for the above stated limited liability company at the place  
indicated 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)

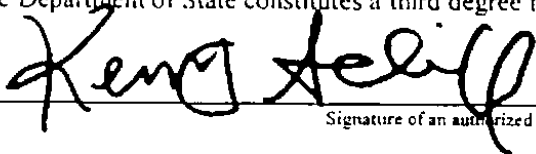
for official indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to sign (up to six (6) total):

<u>Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Name: Kenneth Schiff		<input type="checkbox"/> Manager	Name: Renee Sivinski
Address: 3784 Coquina Drive		<input checked="" type="checkbox"/> Member	Address: 12 Indian Hill
Sanibel, FL 33957		<input type="checkbox"/> Authorized	Westport, CT 06880
		Person	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other
Name: Joan Rosenbaum		<input type="checkbox"/> Manager	Name:
Address: 52 Belle Fair Road		<input type="checkbox"/> Member	Address:
Rye Brook, NY 10573		<input type="checkbox"/> Authorized	
		Person	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other
Name:		<input type="checkbox"/> Manager	Name:
Address:		<input type="checkbox"/> Member	Address:
		<input type="checkbox"/> Authorized	
		Person	
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other

1 Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-individuals may be added to the index when filing your Florida Department of State Annual Report form.

This 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 and by a translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information provided in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Kenneth M. Schiff

Typed or printed name of signee

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,

DO HEREBY CERTIFY, that articles of organization for

CARESIGHT, LLC

a domestic limited liability company, were filed in this office on March 23, 2016.

Articles of dissolution have not been filed, and so far as indicated by the records of this office such limited liability company is in existence.



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Secretary of the State

Date Issued: January 03, 2020