

5/7/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Center Street

M20000135484K159

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(shown below) on the top and bottom of all pages of the document.**

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Doing so will generate another cover sheet.**

To:

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

From:

Account Name : RICHARDS & ASSOCIATES, PA.
Account Number : I20110000091
Phone : (305)858-9900
Fax Number : (305)285-0015

2020-05-12 17:21:44
H20000135484K159

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: _____

RECEIVED
2020 MAY 12 PM 1:26

**Foreign Limited Liability Company
Sensimedical LLC**

Certificate of Status	0
Certified Copy	0
Page Count	10
Estimated Charge	\$125.00

F GLASS

MAY 13 2020

Electronic Filing Menu

Corporate Filing Menu

Help

WORLD CORPORATE SERVICES, INC.
2665 S. BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133

May 11, 2020

Florida Department of State
Division of Corporation

Re: SENSIMEDICAL LLC (REF W20000045743)

Dear Sir or Madam:

We are in receipt of your letter dated May 8, 2020 regarding the unavailability of the name Sensimedical LLC because of its similarity to an existing entity. This letter serves to inform you that the principals of Sensimedical LLC and Sensi Medical Corp., the existing entity that shares a similar name, are the same. In that regard, please find enclosed the articles of organization in order to proceed with the filing process.

Sincerely,

World Corporate Services, Inc.,
a Florida corporation

By: 

Elena Diaz, Treasurer

12 11:40

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. Sensimedical 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. Delaware

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

3. _____ (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. 19495 Biscayne Blvd Suite 609

(Street Address of Principal Office)

Aventura, FL 33180

6. 19495 Biscayne Blvd Suite 609

(Mailing Address)

Aventura, FL 33180

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

Name:

World Corporate Services Inc

Office Address:

2665 S Bayshore Drive STE 703

Miami

(City)

33133

(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.

E. D. S.
(Registered agent's signature)

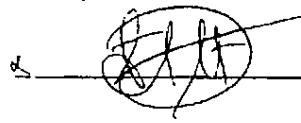
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Jacob Serfati	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 19495 Biscayne Blvd Ste 609	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Aventura, FL 33180	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
 <input type="checkbox"/> Member	Address: _____	 <input type="checkbox"/> Member	Address: _____
 <input type="checkbox"/> Authorized	_____	 <input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
 <input type="checkbox"/> Member	Address: _____	 <input type="checkbox"/> Member	Address: _____
 <input type="checkbox"/> Authorized	_____	 <input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____	 <input type="checkbox"/> Other _____

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

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)

10. 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.817.155, F.S.


Signature of an authorized person

Jacob Serfati

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SENSIMEDICAL LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SENSIMEDICAL LLC" WAS FORMED ON THE FIFTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2020
12
11
00



7958678 8300

SR# 20203539895

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock, followed by a horizontal line and the text "Jeffrey W. Bullock, Secretary of State".

Authentication: 202889392

Date: 05-06-20



May 8, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RICHARDS & ASSOCIATES, PA

SUBJECT: SENSI MEDICAL LLC
REF: W20000045743

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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.

Yvette Scott
Document Specialist II

FAX Aud. #: H20000135484
Letter Number: 620A00009457

196 000006529

BASIC ACCOUNTING SERVICES INC.

Requestor's Name
692 W. 29 St. Ste #9

Address
Hialeah Florida 33012

400001691194
-01/17/96--01/07--00R
***4122.50 ***4122.50

City State Zip
305 687 4185

Phone#

CORPORATION NAME

SENSI MEDICAL, Corp.

05 JAN 17 PM 2:39
RECEIVED
TALLAHASSEE FLORIDA
STATE

FILED

PROFIT CORPORATION NON PROFIT CORPORATION

LIMITED PARTNERSHIP ANNUAL REPORT RESERVATION

REINSTATEMENT OTHER

CERTIFIED COPY PHOTO COPIES CERTIFICATE
UNDER SEAL

WALK IN WILL WAIT MAIL OUT CALL AFTER 30

Name
Availability
Document
Examiner
Updater
Updater
Verifier
Acknowledgment
W.P. Verifier

Profit Corp
Seni Medical
per 1-22-96 BE

BR 1/22

ARTICLE OF INCORPORATION

OF

SENSI MEDICAL, CORP.

SEARCHED
INDEXED
FILED
MAY 17 1988
FLORIDA
STATE
S E C U R I T Y
C O M M I S S I O N

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

1401 NW. 78 Ave. Suite # 205
Miami, Fl. 33126

The principal place of business of this corporation shall be:

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

REC'D: 5/12/88
FBI: L: PD

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: $100 \times \$10.00 = \$1,000.00$

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS & DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

Jacob Serfati Director

1401 NW. 78 Ave. Suite 205
Miami, Fl.33126

Orestes Hernandez Director
8864 NW. 78 Ave.
Mialeah Gardens, Fl.33014

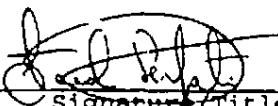
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

Jacob Serfati President and Secretary
1401 NW. 78 Ave. Suite 205 99 shares
Miami, Fl.33126

Orestes Hernandez Treasurer
8864 NW. 78 Ave.
Mialeah Gardens, Fl.33014

The undersigned has (have) executed these Article of Incorporation this 9 th. day of January, 19 96.


Signature/Title


Signature/Title

Signature/Title

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

SP JAN 17 PM 2:38
FILED
SUSANNE S. SINCE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: _____
SENSI MEDICAL, CORP.

2. The name and address of the registered agent and office
is JACOB SERFATI
(Name)

1401 NW. 78 AVE. Suite 205

(P. O. BOX NOT ACCEPTABLE)

Miami, Fl. 33126

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIRED 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE 

DATE 1-9-96