

M21000010171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

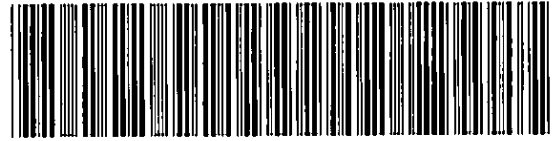
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 AUG -6 AM 8:10

2021 AUG -4 PM 4:27

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Handwritten notes: 822601, 109278, and a signature.

2021 AUG 11



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **August 06, 2021**

Account#: 120000000088

Name: **David Shulman**

Reference #: **1447981**

Entity Name: **CNY FERTILITY, PLLC**

☒ **Articles of Incorporation/Authorization to Transact Business**

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ **Other**

Please provide a certified copy of the filing evidence. Thanks!

**ISSUES? CALL
David:
850-270-0082**

Authorized Amount: **\$155.00**

Signature: *David Shulman*

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

CNY FERTILITY, 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 3. 94-3220415
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 5922 Cattlemen Lane 6. 195 Intrepid Lane
(Street Address of Principal Office) (Mailing Address)
Sarasota, FL 34232 Syracuse, NY 13205

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

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun St. Suite 4

Tallahassee, Florida 32301
(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.

Karen McKee
(Registered agent's signature)

2021 APR -6 PM 6:40

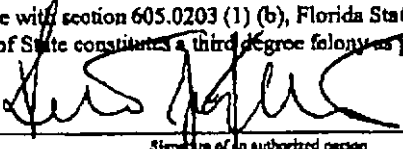
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Robert J. Kiltz, M.D.	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 195 Intrepid Lane	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Syracuse, NY 13205	<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
Robert J. Kiltz MD

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	CNY FERTILITY, PLLC
DOS ID Number:	3190424
Entity Type:	DOMESTIC PROFESSIONAL SERVICE LIMITED LIABILITY COMP ANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	04/13/2005
Statement Status:	CURRENT
Statement Due Date:	04/30/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	ARTICLES OF ORGANIZATION
Date of Filing:	04/13/2005
Entity Name:	CNY FERTILITY, PLLC

Document Type:	CERTIFICATE OF PUBLICATION
Date of Filing:	03/23/2007

Document Type:	BIENNIAL STATEMENT
Date of Filing:	04/06/2007
Effective Date:	04/01/2007

Document Type: BIENNIAL STATEMENT
Date of Filing: 04/06/2009
Effective Date: 04/01/2009

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/19/2011
Effective Date: 04/01/2011

Document Type: CERTIFICATE OF MERGER
Date of Filing: 12/13/2012
Effective Date: 12/31/2012

Document Type: BIENNIAL STATEMENT
Date of Filing: 04/08/2013
Effective Date: 04/01/2013

Document Type: BIENNIAL STATEMENT
Date of Filing: 04/16/2015
Effective Date: 04/01/2015

Document Type: BIENNIAL STATEMENT
Date of Filing: 08/03/2017
Effective Date: 04/01/2017

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/22/2019
Effective Date: 04/01/2019

Document Type: BIENNIAL STATEMENT
Date of Filing: 04/27/2021
Effective Date: 04/01/2021

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on June 29, 2021 at
08:54 A.M.



ROSSANA ROSADO, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State