

12/29/22, 10:47 AM

Division of Corporations

**M23** Florida Department of State  
 Division of Corporations  
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To:

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

From:

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (954)208-0845  
 Fax Number : (614)573-3996

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

Email Address: \_\_\_\_\_

**Foreign Limited Liability Company  
 CARE VALUE, LLC**

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

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 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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JAN 03 2023  
 K. Brumbley

**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. CARE VALUE, 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. New York

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

3. 27-3285370

(FEC number, if applicable)

4. Upon Qualification

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

5. 5263 Parkside Drive, Bldg 700

(Street Address of Principal Office)

6. Same

(Mailing Address)

Canandaigua, NY 14424

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.*

C T Corporation System

By: Ternell Kearney

Asst. Secretary

(Registered agent's signature)

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FLORIDA  
SECRETARY  
OF STATE

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: <u>Alliant CV, Inc.</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>18100 Von Karman Avenue</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>10th Floor</u>	<input type="checkbox"/> Authorized	_____
Person:	<u>Irvine, CA 92612</u>	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.

*Brian D. Doyle*

Signature of an authorized person

Brian Doyle

Typed or printed name of signer

## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, ROBERT J. RODRIGUEZ, 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: CARE VALUE, LLC  
DOS ID Number: 6571749  
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 08/25/2022  
Statement Status: CURRENT  
Statement Due Date: 08/31/2024

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: 08/25/2022  
Entity Name: CARE VALUE 1, LLC

Document Type: CERTIFICATE OF MERGER  
Date of Filing: 08/26/2022  
Name Changed To: CARE VALUE, LLC

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 December 02, 2022  
at 02:58 P.M.



ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State