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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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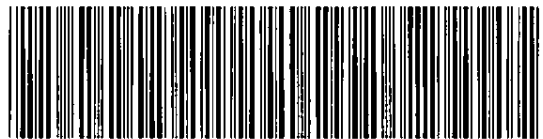
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 JAN 26 PM 12:54
SEALING UNIT
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2023

KELLY MASON
128 OLD TOWN RD, SUITE C
SETAUKET, NY 11733 US

SUBJECT: MORNIGNSIDE ELITE MANAGEMENT LLC
Ref. Number: W23000165690

We have received your document for MORNIGNSIDE ELITE MANAGEMENT LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 223A00028351

RECEIVED

JAN 26 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Morningside Elite Management, 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:

Kelly Mason

Name of Person

Morningside Elite Managment, LLC

Firm/Company

128 Old Town Rd, Suite C

Address

Setauket, NY 11733

City/State and Zip Code

tsullivan@mhseniorliving.com

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

For further information concerning this matter, please call:

Tracy Sullivan

631

75-0010

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

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. Morningside Elite Management, 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 3. 85-3197674
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. February 2024
(Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 128 Old Town Rd. Suite C 6. Same
(Street Address of Principal Office) (Mailing Address)

Setauket, NY 11733

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

Name: Northwest Registered Agent LLC

Office Address: 7901 4th St N STE 300

St. Petersburg . Florida 33702
(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.

[Signature]
(Registered agent's signature)

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2024 JAN 26 PM 12:54
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TALLAHASSEE, FL

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]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Kelly Mason

☐ Member Address: 128 Old Town Rd

☐ Authorized Suite C, Setauket, NY 11733

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

| | |
|---|---------------------------------|
| <u>Title or Capacity:</u> | <u>Name and Address:</u> |
| <input checked="" type="checkbox"/> Manager | Name: Tracy Sullivan |
| <input type="checkbox"/> Member | Address: 128 Old Town Rd |
| <input type="checkbox"/> Authorized | Suite C, Setauket, NY 17733 |
| Person | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ 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.

Tracy Sullivan

Signature of an authorized person

Tracy Sullivan

Typed or printed name of signee

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: | MORNINGSIDE ELITE MANAGEMENT, LLC |
| DOS ID Number: | 5844155 |
| Entity Type: | DOMESTIC LIMITED LIABILITY COMPANY |
| Entity Status: | EXISTING |
| Date of Initial Filing with DOS: | 09/25/2020 |
| Statement Status: | CURRENT |
| Statement Due Date: | 09/30/2026 |

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 January 18, 2024 at 05:10 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>