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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 : (614)280-3338
Fax Number : (614)573-3996

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FILED

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

Email Address: SENTINELQUALS@SENTINEL-SOLUTIONS.COM

RECEIVED
2025 JAN 13 PM 2:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
SENTINEL SOLUTIONS LLC

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

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K. SALY

JAN 14 2025

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

Sentinel Solutions of Florida, 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. 87-3560983
(FEF 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. 555 Furrows Road
(Street Address of Principal Office)

Holtsville, NY 11742
6. 1750 New Highway
(Mailing Address)

Farmingdale, NY 11735
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, Florida 33324
(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.

By: C T Corporation System Sandra Zwiack Sandra Zwiack, Assistant Secretary
(Registered agent's signature)

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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:☐ ManagerName: JOSEPH K. POSILLICO☒ MemberAddress: 1750 NEW HIGHWAY☐ AuthorizedFARMINGDALE NY 11735

Person _____

☐ Other _____☐ Other _____☐ ManagerName: JOSEPH D. POSILLICO, III☒ MemberAddress: 1750 NEW HIGHWAY☐ AuthorizedFARMINGDALE, NY 11735

Person _____

☐ Other _____☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

Person _____

☐ Other _____☐ Other _____Title or Capacity:Name and Address:☐ ManagerName: MICHAEL J. POSILLICO☒ MemberAddress: 1750 NEW HIGHWAY☐ AuthorizedFARMINGDALE, NY 11735

Person _____

☐ Other _____☐ Other _____☒ ManagerName: THOMAS C. POSILLICO☒ MemberAddress: 1750 NEW HIGHWAY☐ AuthorizedFARMINGDALE NY 11735

Person _____

☐ Other _____☐ Other _____☐ Manager

Name: _____

☐ Member

Address: _____

☐ Authorized

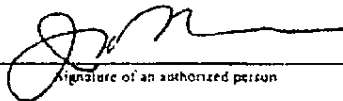
Person _____

☐ 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.



Signature of an authorized person

JOSEPH K. POSILLICO

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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:	SENTINEL SOLUTIONS LLC
DOS ID Number:	6322966
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	11/09/2021
Statement Status:	CURRENT
Statement Due Date:	11/30/2025

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2025 JAN 13 PM 3:59
WALTER T. MOSLEY, Secretary of State

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 07, 2025 at 12:17 P.M.

WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State