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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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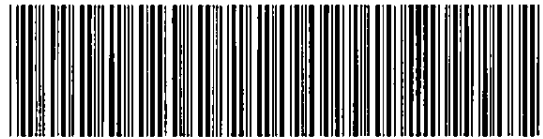
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 12 2025

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CLERK OF STATE
25 MAY 12 PM 4:53

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SLEEP INSIGHTS MANAGEMENT SERVICES, 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:

RAMEZ GHALY

Name of Person

SLEEP INSIGHTS MANAGEMENT SERVICES, LLC

Firm/Company

755 JEFFERSON RD, SUITE 110

Address

ROCHESTER, NEW YORK 14623

City/State and Zip Code

HR@SLEEPINSIGHTS.COM

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

For further information concerning this matter, please call:

RAMEZ GHALY

585

385-6070

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. SLEEP INSIGHTS MANAGEMENT SERVICES, 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. MONROE COUNTY, NEW YORK STATE

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

20-4701869

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)

755 JEFFERSON RD, SUITE 110

5. (Street Address of Principal Office)

ROCHESTER, NEW YORK 14623

755 JEFFERSON RD, SUITE 110

6. (Mailing Address)

ROCHESTER, NEW YORK 14623

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

Name: REGISTERED AGENTS INC

Office Address: 7901 4TH ST N STE 300

ST. PETERSBURG

(City)

Florida 33702

(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.

David Roberts

(Registered agent's signature)

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SECRETARY OF STATE
25 MAY 12 PM 4:53

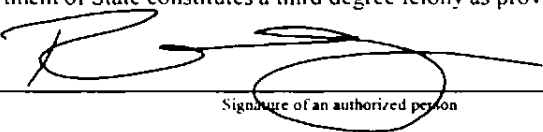
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>JEFFREY DANN</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>832 CREEKSIDE DRIVE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>TONAWANDA, NEW YORK 14150</u>	<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: <u>JACOB DOMINIK</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>5533 MARTHA'S VINEYARD</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>CLARENCE CENTER, NEW YORK 14</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>RAMEZ GHALY</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>6449 RIVER BIRCHFIELD RD</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>JAMESVILLE, NEW YORK 13078</u>	<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

RAMEZ GHALY

Typed or printed name of signee

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:	SLEEP INSIGHTS MANAGEMENT SERVICES, LLC
DOS ID Number:	3348557
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	04/13/2006
Statement Status:	CURRENT
Statement Due Date:	04/30/2026

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:	04/13/2006
Entity Name:	SLEEP INSIGHTS MANAGEMENT SERVICES, LLC

Document Type:	BIENNIAL STATEMENT
Date of Filing:	04/15/2008
Effective Date:	04/01/2008

Document Type:	BIENNIAL STATEMENT
Date of Filing:	05/12/2010
Effective Date:	04/01/2010

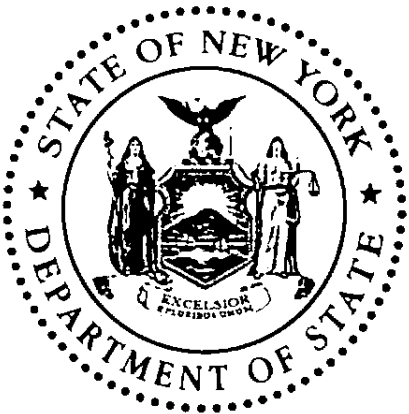
Document Type: BIENNIAL STATEMENT
Date of Filing: 06/12/2012
Effective Date: 04/01/2012

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/01/2014
Effective Date: 04/01/2014

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/01/2025

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 May 01, 2025 at
09:25 A.M.



WALTER T. MOSLEY
Secretary of State

Brandon C. Hughes

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>