

M24000008042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

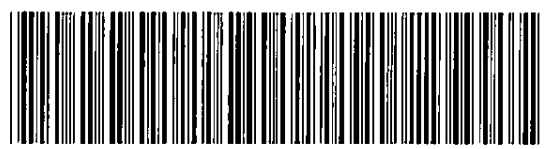
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24-82949
Penalty + Cns. Mgr

Office Use Only



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05/21/24--01011--010 **538.75

05/07/24--01037--010 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2024 JUN 19 PM 1:33

FILED

K. SALY

JUN 21 2024

6/19 MS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2024

DYLAN KIMMEL
NORTHEAST INTEGRATION LLC
212 LAFAYETTE RD, UNIT C
NORTH HAMPTON, NH 03862

SUBJECT: NORTHEAST INTEGRATION LLC
Ref. Number: W24000082949

We have received your document for NORTHEAST INTEGRATION LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$638.75.

There is a balance due of \$638.75.

Please enter the title for Jason Colsten.

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 424A00012001

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JUN 19 2024

www.sunbiz.org

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Northeast Integration 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:

Dylan Kimmel
Name of Person

Northeast Integration LLC
Firm/Company

212 Lafayette Rd, Unit C
Address

North Hampton, NH 03862
City/State and Zip Code

admin@ncintegration.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Virginia Olson at (603) 294-5988
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. Northeast Integration 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 Hampshire (Jurisdiction under the law of which foreign limited liability company is organized)
3. 26-2207489 (FEI number, if applicable)

4. 12/1/23 (Date first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 212 Lafayette Rd, Unit C (Street Address of Principal Office)
6. 212 Lafayette Rd, Unit C (Mailing Address)
North Hampton, NH 03862 North Hampton, NH 03862

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

Name: Dylan Kimmel

Office Address: 4300 SE St. Lucie Blvd. Lot 189

Stuart, Florida 34997
(City) (Zip code)

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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.

(Registered agent's signature)

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: Manager **Name and Address:** Name: Dylan Kimmel
Member Address: PO Box 506
Authorized New Castle, NH 03854
 Person _____
Other _____ Other _____

Title or Capacity: Manager Name: Robert Sutay
Member Address: 24 Condon Rd
Authorized Oxford, CT06478
 Person _____
Other _____ Other _____

Manager Name: Luis Franceschi
Member Address: 36 Haven Ln
Authorized Exeter, NH 03833
 Person _____
Other _____ Other _____

Manager Name: Jason Colsten
~~Member~~ Address: 1097 Colesville Rd
Authorized Binghamton, NY 13904
 Person _____
Other _____ Other _____

Manager Name: _____
Member Address: _____
Authorized _____
 Person _____
Other _____ Other _____

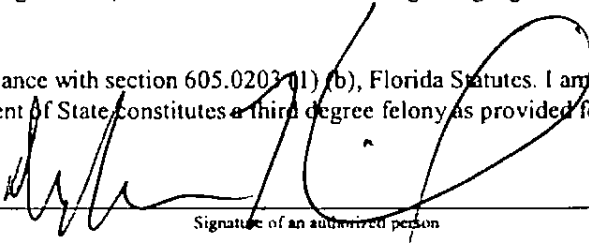
Manager Name: _____
Member Address: _____
Authorized _____
 Person _____
Other _____ Other _____

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 CLERK OF SUPERIOR COURT
 TALLAHASSEE, FLORIDA

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

Dylan Kimmel

 Typed or printed name of signee

State of New Hampshire

Department of State

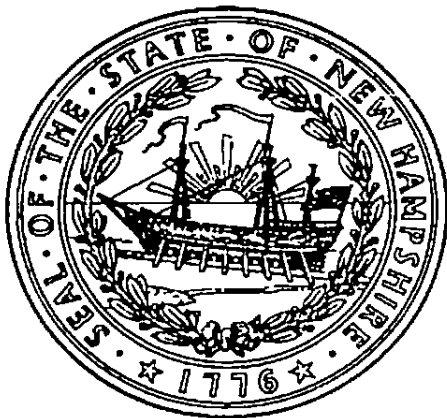
CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that NORTHEAST INTEGRATION LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on January 30, 2007. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 571495

Certificate Number: 0006679097

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 30th day of April A.D. 2024.

A handwritten signature in black ink, appearing to read "D. Scanlan".

David M. Scanlan
Secretary of State