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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

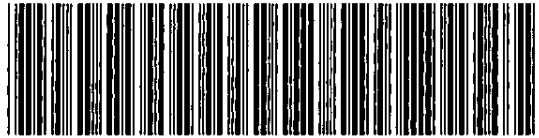
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TALLAHASSEE, FLORIDA

3126

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** LACKAWANNA PRODUCTS CORP  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jim ZIGROSSI  
(Name of Person)  
LACKAWANNA PRODUCTS CORP  
(Firm/Company)  
8545 MAIN ST P.O. Box 660  
(Address)  
CLARENCE NY 14031  
(City/State and Zip code)

For further information concerning this matter, please call:

Jim ZIGROSSI at ( 716 ) 633-1940  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. LACKAWANNA PRODUCTS CORP  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 16-1190915  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/24/82 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8545 MAIN ST. P.O. BOX 660  
(Principal office address)

CLARENCE NY 14031  
(Current mailing address)

8. COMMODITY TRADERS  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: RICHARD SICKLER

Office Address: 5773 ALAMOSA CIRCLE

JACKSONVILLE, Florida 32258  
(City) (Zip code)

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**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

Richard R. Sickler  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: DAVID OLSHAN

Address: 268 ALLENHURST RD.

AMHERST NY 14226

Vice Chairman: TURNER S MURCHIE

Address: 9275 HUNT CLUB LANE

CLARENCE NY 14031

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: DAVID OLSHAN

Address: 268 ALLENHURST RD

AMHERST NY 14226

Vice President: TURNER S MURCHIE

Address: 9275 HUNT CLUB LANE

CLARENCE NY 14031

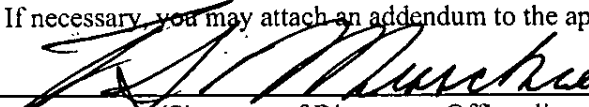
Secretary: DAVID OLSHAN

Address: "SAME"

Treasurer: TURNER S MURCHIE

Address: "SAME"

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Director or Officer listed in number 12 of the application)

14. TURNER S. MURCHIE VP  
(Typed or printed name and capacity of person signing application)

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**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of LACKAWANNA PRODUCTS CORP. was filed on 12/24/1982, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

\*\*\*

WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 14th day of March two  
thousand and eight.



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SECRETARY OF STATE  
ALBANY, N.Y.