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2009 JUN 16 A 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~60-11-9~~
2009
6-17-09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
2009 JUN 16 A 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 3, 2009

BRIAN DUNLEAVY
TRI CITY AUTO RECOVERY INC.
P. O. BOX 589
BURNT HILLS, NY 12027

SUBJECT: TRI CITY AUTO RECOVERY INC
Ref. Number: W09000026003

We have received your document for TRI CITY AUTO RECOVERY INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your corporate and alternate name is not available.

Please return the corrected original and one copy of 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) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 109A00018691

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DEPARTMENT OF STATE
03 JUN 12 AM 10:40

COVER LETTER

FILED
2009 JUN 16 A 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: Tri City Auto Recovery Inc.
(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:

Brian Dunleavy
(Name of Person)
Tri City Auto Recovery Inc
(Firm/Company)
PO Box 589
(Address)
Burnt Hills NY 12027
(City/State and Zip code)

For further information concerning this matter, please call:

Brian Dunleavy at (518) 588-3466
(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. Tri City Auto Recovery Inc

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

~~TEAR Inc.~~ TCAR Recovery & Remarketing Services Inc

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

2. New York

(State or country under the law of which it is incorporated)

3. 14-1620102

(FEI number, if applicable)

4. _____

(Date of incorporation)

5. _____

(Duration: Year corp. will cease to exist or "perpetual")

6. Anticipate 7/1/09

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6210 N. US 1, St. Augustine, FL 32095

(Principal office address)

PO Box 589 Burnt Hills NY 12027

(Current mailing address)

8. Provide Repossession Services to Banks & Credit Unions

(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:

Andrea N. Wright

Office Address:

1260 N. Ponce de Leon Blvd. Suite E

St. Augustine

(City)

, Florida 32084

(Zip code)

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.

[Signature]
(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

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Chris Dunleavy

Address: 35 Country Fair Lane
Glenville NY 12302

Vice President: Brian Dunleavy

Address: 20 Pettis St
Lake George NY 12845

Secretary/Treasurer: Brad Dunleavy

Address: 353 Ridge Rd Glenville NY 12302

~~Treasurer~~ ~~Former~~ Vice President: Craty Dunleavy

Address: 260 Southline Rd Galway NY 12074

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

13. Brian Dunleavy

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

14. VP

(Typed or printed name and capacity of person signing application)

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2009 JUN 16 A 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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2009 JUN 16 A 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I hereby certify, that the Certificate of Incorporation of TRI-CITY AUTO RECOVERY, INC. was filed on 12/27/1979, under the name of DUNLEAVY SPECIALIZED SERVICES INC., 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.

A Certificate of Amendment DUNLEAVY SPECIALIZED SERVICES INC., changing its name to TRI-CITY AUTO RECOVERY, INC., was filed 09/08/1980.

The Biennial Statement is past due.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 03rd day of March two
thousand and nine.*



Special Deputy Secretary of State