F160000000231

(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:

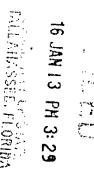
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01/13/16--01016--028 **70.00

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JAN 1 5 2016 Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: Finger Laties Fighting, 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," or "Certificate of Good Standing" 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 Stover Name of Person
Finger Laties Freshing, Inc
Firm/Company
_ 1155 Oak Openiss (Xd)
Honeoya Fulls My 14472
City/State and Zip code
Bacian @ 1803 Shors Can
Brian @ 1803 Shors, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brion Stover at (585) 727-7199
Name of Person Area Code Daytime Telephone Number
STREET/COURTED ADDRESS
STREET/COURIER ADDRESS: Registration Section Registration Section Registration Section
Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301
Enclosed is a check for the following amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.." "Corp," "lnc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

46-5426776

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Erst (Current mailing address, if different) 8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Office Address:

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.

(Registered agent's signature)

10. 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.

11: Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Director: _ Address: _____ Director: ___ B. OFFICERS Stover Address: 500 Wei 55 Vice President: W0155 Secretary: Address: Treasurer: See NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein

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

a third degree felony as provided for in s.817.155, F.S.

are true and that he or she is aware that false information submitted in a document to the Department of State constitutes

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of FINGER LAKES FASHIONS, INC. was filed on 04/16/2014, 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.

I further certify that no other documents have been filed by such corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 04th day of November two thousand and fifteen.

Executive Deputy Secretary of State