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D. BRUCE NOV 1 6 2016

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: T. C. Lasky Associates, 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: Patricia B. Lasky	
Patricia B. Lasky T. C. Lasky Associates, Inc.	
3142 Koutz 66	
Chatham, NU 12037 City/State and Zip code	
triua 2 + clasky, com	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Pateiua Lasky Name of Person Area Code Daytime Telephone Number: 57	T
Fig. 7 Fi	ロフ
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	-
Enclosed is a check for the following amount:	
S70.00 Filing Fee S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy	દે

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. T.C. LASKY ASSOCIATES, INC. (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 YOR 3.
(State or country funder the law of which it is incorporated) (FEI number, if applicable)
4. June 18, 1984 5. to Present, ongoing
(Date of incorporation) (Date of duration, if other than perpetuál)
6. NONE (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3142 Koute 66, Chatham, NY 12037
(Principal office address)
SZE ABOVE (Current mailing address, if different)
=
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Hope Murphy Office Address: 2023 Guildford B
Office Address: 2023 Guildford B
$\mathcal{D}_{\text{and}} = \mathcal{D}_{\text{alpha}} + \mathcal{D}_{alph$
(City), Florida (Zip code)
 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, 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.
Dope Mursola
(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: Address: Vice Chairman: Address: Director: Address: _____ Director: __ Address: **B. OFFICERS** President: Address: Vice President: Secretary: Address: Treasurer: ___ 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 locument (and who is listed in number 1! above) affirms that the facts stated herein

The officer or director signing this vocument (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

3. TERRY C. LASKY, PRESIDENT

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

State of New York Department of State } ss

I hereby certify, that the Certificate of Incorporation of T.C. LASKY ASSOCIATES, INC. was filed on 06/22/1984, 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 the following:

A Biennial Statement was filed 12/30/1992.

A Biennial Statement was filed 09/02/1993.

A Biennial Statement was filed 10/14/2016.

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 27th day of October two thousand and sixteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State