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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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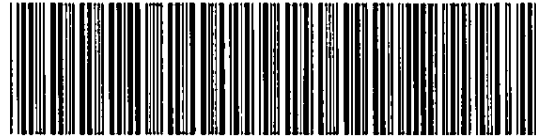
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2017 DEC 26 PM 4:31  
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18 JAN 25 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

647



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 27, 2017

WALTER LOWE  
3 COURT ST  
AUBURN, NY 13021

SUBJECT: ONEIDA BUSINESS ENTERPRISES, INC.  
Ref. Number: W17000101799

We have received your document for ONEIDA BUSINESS ENTERPRISES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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) 245-6051.

Justin M Shivers  
Regulatory Specialist II Supervisor  
Registration/Qualification Section

Letter Number: 717A00026174

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Oncida Business Enterprises, 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:

Walter D Lowe  
Name of Person

Walter D. Lowe CPA P.C.  
Firm/Company

3 Court Street  
Address

Auburn, N.Y. 13021  
City/State and Zip code

Walterdlowe.cpa@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Walter D Lowe at (315) 258-9760  
Name of Person Area Code Daytime Telephone Number

**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:

- ☐ \$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. Oncida Business Enterprises, 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 York 3. 45-4894020  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/23/2012 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. December 18, 2017  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 203 Genesee Street, Oneida, NY 13421  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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


Name: Randy S. Clark

Office Address: 5282 Riverside Drive  
Part Orange, Florida 32127  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

**9. 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: Walter D. Lowe, CPA

Address: 11 Underwood Street  
Auburn, N.Y. 13021

Vice Chairman: Walter D. Lowe, CPA

Address: 11 Underwood Street  
Auburn, NY 13021

Director: Walter D. Lowe, CPA

Address: 11 Underwood Street  
Auburn, NY 13021

Director: Walter D. Lowe, CPA

Address: 11 Underwood Street  
Auburn, NY 13021

B. OFFICERS

President: Walter D. Lowe, CPA

Address: 11 Underwood Street  
Auburn, N.Y. 13021

Vice President: Walter D. Lowe, CPA

Address: 11 Underwood Street  
Auburn, N.Y. 13021

Secretary: Walter D. Lowe, CPA

Address: 11 Underwood Street, Auburn, NY 13021

Treasurer: Walter D. Lowe, CPA

Address: 11 Underwood Street Auburn, N.Y. 13021

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

12. Walter D. Lowe, CPA

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 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.

13. Walter D. Lowe, as President

(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 ONEIDA BUSINESS ENTERPRISES, INC. was filed on 03/23/2012, 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.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 10th day of January  
two thousand and eighteen.*

Brendan W. Fitzgerald  
Executive Deputy Secretary of State

201801110320 \* MG