# F18000001190

(Requestor's Name)						
(Address)						
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(1)	•	•				
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
(200)	,					
0.17.10.1	C-4#	of Status				
Certified Copies Certificates of Status						
Special Instructions to Fili	ing Officer:					
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Office Use Only



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### **COVER LETTER**

TO:	Registration Section Division of Corporations				
	Potsdam Importers				
SUBJ	ECT:				
		Name of corpora	tion - n	nust include suffix	
Dear S	Sir or Madam:				
"Certi	nclosed "Application by Fo ficate of Existence," or "Co referenced foreign corpora	ertificate of Good	Standir	ig" and check are sub	
	return all correspondence lus Mahoney	concerning this ma	atter to	the following:	
		Name	of Per	son	
Potsda	in Importers				
		Firm/C	ompai		
7513 U	JS Highway 11			•	
		Α	ddress		
Potsda	m NY 13676	Α	daress		
		City/Sta	te and	Zip code	
potsua	mimporters@gmail.com				
	E-mai	l address: (to be us	ed for	future annual report r	notification)
For fu	rther information concerni	ng this matter, plea	ise call	:	
Jamie	White			265-1850	
	Name of Person	at ( Area (	) Code	Daytime Telepl	hone 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		ection orporations 7
Enclos	sed is a check for the follow	ving amount:			
□ \$7 <sup>1</sup>	_	.75 Filing Fee & tificate of Status		78.75 Filing Fee & 'ertified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy





February 22, 2018

CORNEILUS MAHONEY 7513 US HIGHWAY 11 POTSDAM, NY 13676

SUBJECT: POTSDAM IMPORTERS, INC.

Ref. Number: W18000018133

We have received your document for POTSDAM IMPORTERS, 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):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Humbe

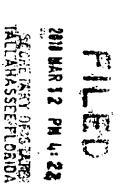
Letter Number: 618A00003754

RECEIVED

BIBHAR 12 AM 10: 52

DEPARTMENT OF STATE

VYISION OF CORPORATION



## 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. Potsdam Importers INC 1. (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) 161458066 (FEI number, if applicable) (State or country under the law of which it is incorporated) 4/19/1994 (Date of duration, if other than perpetual) \_\_\_\_\_ 5. \_\_\_\_ (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7513 US Hwy 11 Potsdam NY 13676 (Principal office address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Falex Numa Name: 9800 Bachman Rd Office Address: Orlando 32824 (City) (Zip code)

#### 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: \_\_\_\_\_\_\_\_ Vice Chairman; Address: Address: \_\_\_\_\_ Director: **B. OFFICERS** Cornelius Mahoney President: 148 Birch Drive Address: Potsdam NY 13684 Jan Mahoney Vice President: 148 Birch Drive Address: Potsdam NY 13676 Secretary: Address: \_\_ Treasurer: \_\_\_\_ Address: 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 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. Cornelius Mahoney President 13. \_\_\_\_\_

# State of New York Department of State } ss

I hereby certify, that the Certificate of Incorporation of POTSDAM IMPORTERS, INC. was filed on 04/19/1994, 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 09th day of February two thousand and eighteen.

Brendan W. Fitzgerald

**Executive Deputy Secretary of State** 

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