

F18000003240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

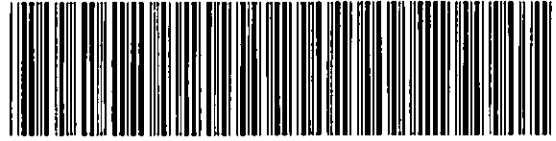
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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18 JUL 16 AM 10:49

7/17/18 DS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 288192 7121888

AUTHORIZATION :

COST LIMIT : \$ 70.00



ORDER DATE : July 5, 2018

ORDER TIME : 9:54 AM

ORDER NO. : 288192-060

CUSTOMER NO: 7121888

FOREIGN FILINGS

NAME: IROQUOIS NORTHEAST, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: iroquois Northeast, 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:

Laurie A Branch

Name of Person

Iroquois Northeast, Inc.

Firm/Company

PO Box 806

Address

Olean, NY 14760

City/State and Zip code

licensing@iroquoisgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Reed McElfresh

at (

716

) Area Code

373-5511 x 322

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. Iroquois Northeast, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Delaware 3. 82-3825570  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/27/2017 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 251 Little Falls Dr., Wilmington, DE 19808  
(Principal office address)
- PO Box 806, Olean, NY 14760  
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
- Tallahassee, Florida 32301  
(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.*

Corporation Service Company

By: Mary [Signature]

(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: see attached director and officer rider

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: see attached director and officer rider

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

12. \_\_\_\_\_

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. Laurie A Branch; Ass't Secretary

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

## Iroquois Northeast, Inc. Officer and Director Rider

### Officers

Name	Title	Home Address	Office Address
✓ Matthew L Ward	President	11202 Buckhead Ct. Midlothian VA 23112	11202 Buckhead Ct. Midlothian VA 23112
✓ Thomas Edward Branch	Vice President	1840 Windfall Rd. Olean, NY 14760	35 West Main St. Allegany, NY 14760
✓ Joseph G Chiapuso	Vice President	1910 Windfall Rd. Olean, NY 14760	35 West Main St. Allegany, NY 14760
✓ Laurie A Branch	Assistant Secretary	304 Van Buren Ave. Olean, NY 14760	35 West Main St. Allegany, NY 14760
✓ Laurie A Branch	Treasurer	304 Van Buren Ave. Olean, NY 14760	35 West Main St. Allegany, NY 14760
Amy L. Branch-Benoliel	Secretary	520 East Gravers Lane; Wyndmoor, PA 19038	520 East Gravers Lane; Wyndmoor, PA 19038

### Directors

Name	Title	Home Address	Office Address
✓ Matthew L Ward	Director	11202 Buckhead Ct. Midlothian VA 23112	11202 Buckhead Ct. Midlothian VA 23112
✓ Thomas Edward Branch	Director	1840 Windfall Rd. Olean, NY 14760	35 West Main St. Allegany, NY 14760
✓ Joseph G Chiapuso	Director	1910 Windfall Rd. Olean, NY 14760	35 West Main St. Allegany, NY 14760
Laurie A Branch	Chairman	304 Van Buren Ave. Olean, NY 14760	35 West Main St. Allegany, NY 14760
Amy L. Branch-Benoliel	Director	520 East Gravers Lane; Wyndmoor, PA 19038	520 East Gravers Lane; Wyndmoor, PA 19038

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IROQUOIS NORTHEAST, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JULY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IROQUOIS NORTHEAST, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

A handwritten signature in black ink, appearing to read 'JBullock', is written over a horizontal line. Below the line, the text 'Jeffrey W. Bullock, Secretary of State' is printed.

Jeffrey W. Bullock, Secretary of State

6681335 8300

SR# 20185532672

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203017945

Date: 07-06-18