## F18000003586

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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correct name to match Certificate
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SECRETARY OF STATE
SECRETARY OF STATE
ALLAHASSEE, FLORID

N CULLIGAN

AUG 7 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Sliski Service Company, Incorp.		
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:		
Julie Sliski		
Name of Person		
Sliski Service Company Incorp.		
· · · · · · · · · · · · · · · · · · ·		
LO216 Coleman Mills Road Address		
Oriskany, New York 13424 City/State and Zip code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Julie or Stephen Sliski at (315) 337-6554		
Sliski at (315) 337-6554		
Name of Person Area Code Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Registration Section		
Division of Corporations  Clifton Building  Division of Corporations  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 & 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. SISKI Service Co., Inc. (Enter name of corporation; must include "INCORPORATED," COMPANY," "CORPORATION," "lnc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) New York

(State or country under the law of which it is incorporated)

(FEI number, if applicable) (Date of duration, if ot

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Same (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Kourtnee C. Fernalld 567 benise Arive Office Address: 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. Howatnee Fernalle

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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors:

A. DIRECTORS	
Chairman:	
Address:	<del> </del>
Vice Chairman:	
Address:	
	70 P
Director:	- C T
Address:	JAR ASS
	平安 至 〇
Director:	9: 1 STA
Address:	E. O
Address.	
B. OFFICERS	
President: Stephen Sliski	
Address: 6200 Coleman Mills Road	
Oriskany, New York 13424	
Vice President: SILIE SISKI	
Address: 6200 Coleman Mills Road	
Oriskany, New York 13424	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
12. Julik Slesky	
Signature of Director or Officer  The officer or director signing this document (and who is listed in number 11 above) affirms	s that the facts stated herein
are true and that he or she is aware that false information submitted in a document to the De a third degree felony as provided for in s.817.155, F.S.	
13. Stylie K. Sliski	
(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 SLISKI SERVICE CO., INC. was filed on 08/27/1985, 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:

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A Biennial Statement was filed 09/16/1993.
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- A Biennial Statement was filed 08/19/1997.
- A Biennial Statement was filed 10/03/1999.
- A Biennial Statement was filed 09/12/2001.
- A Biennial Statement was filed 09/09/2003.
- A Biennial Statement was filed 10/06/2005.
- A Biennial Statement was filed 08/21/2009.
- A Biennial Statement was filed 08/18/2011.
- A Biennial Statement was filed 09/06/2013.
- A Biennial Statement was filed 12/03/2015.
- A Biennial Statement was filed 09/05/2017.

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 18th day of July two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State