

F1900001339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

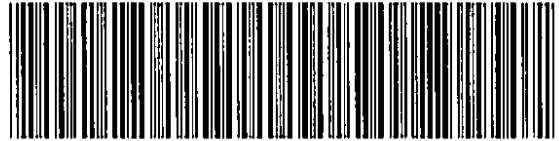
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/25/19--01028--005 **78.75

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2019 MAR 21 PM 9:42

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2019

MARK T CARLESIMO
60 PARK PL 8TH FLOOR
NEWMARK, NJ 07102

SUBJECT: DISTRIBUTION COOPERATIVE NETWORK OF NEW YORK, INC.
Ref. Number: W19000023245

We have received your document for DISTRIBUTION COOPERATIVE NETWORK OF NEW YORK, 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):

Application illegible, please revise.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 019A00004856

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Distribution Cooperative Network of New York, 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:

MARK T. CARLESIMO
Name of Person
JASINSKI, PC
Firm/Company
60 PARK PLACE - 8TH FLOOR
Address
NEWARK N.J. 07102
City/State and Zip code
BOB@CRSCARRIER.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MARK CARLESIMO at (973) 824 9700
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. DISTRIBUTION COOPERATIVE NETWORK OF NEW YORK, 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. 46-5214267
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JANUARY 10, 2014 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. 333 GLEN ST. GLEN FALLS NY 12800
(Principal office address)

(Current mailing address, if different)

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

Name: PETER GUILLETTE

Office Address: 5318 BAY SIDE DRIVE

ORLANDO, Florida 32819
(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.

Peter Guillet
(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.

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MAR 21 9 42
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: TIMOTHY LEFEBVRE

Address: 333 GLEN ST
GLENS FALLS NY 12801

Vice Chairman: _____

Address: _____

Director: PAUL GAPP

Address: 333 GLEN ST
GLENS FALLS NY 12801

Director: _____

Address: _____

B. OFFICERS

President: TIMOTHY BACON

Address: 333 GLEN ST
GLENS FALLS NY 12801

Vice President: _____

Address: _____

Secretary: JACKIE LAUSCON

Address: 333 GLEN ST GLENS FALLS NY 12801

Treasurer: _____

Address: _____

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FALLS CHAMBER OF COMMERCE

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

12. TIMOTHY LEFEBVRE
Signature of Director or Officer TIMOTHY LEFEBVRE DIRECTOR

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. TIMOTHY LEFEBVRE DIRECTOR
(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 DISTRIBUTION COOPERATIVE NETWORK OF NEW YORK, INC. was filed on 01/10/2014, as a Cooperative Corporation 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.



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WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 11th day of February two
thousand and nineteen.

Whitney Clark
Deputy Secretary of State