

# FI9000003598

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

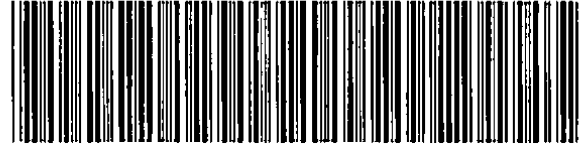
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2019 AUG -5 PM 4:36  
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B KINSEY  
AUG 06 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 1, 2019

WILLIAM LIBARDI  
100 STEWART AVE  
HICKSVILLE, NY 11801

SUBJECT: LIBARDI SERVICE AGENCY, INC.  
Ref. Number: W19000050607

We have received your document for LIBARDI SERVICE AGENCY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 719A00013283

RECEIVED  
19 AUG -5 PM 2:19  
SECRETARY OF  
TALLAHASSEE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 12, 2019

WILLIAM LIBARDI  
100 STEWART AVE  
HICKSVILLE, NY 11801

SUBJECT: LIBARDI SERVICE AGENCY, INC.  
Ref. Number: W19000050607

We have received your document for LIBARDI SERVICE AGENCY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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

The name listed in number one of the application must be identical to the name listed in the certificate of existence. *NAME WAS ORIGINALLY LSA INC. CHANGED TO LIBARDI SERVICE AGENCY INC. IN 1994*

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.

Brooke N Kinsey  
Regulatory Specialist II

Letter Number: 419A00011789

RECEIVED  
JUN 27 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations  
Libardi Service Agency, Inc.

SUBJECT: \_\_\_\_\_  
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:  
William Libardi

\_\_\_\_\_  
Name of Person  
Libardi Service Agency, Inc

\_\_\_\_\_  
Firm/Company  
100 Stewart Ave

\_\_\_\_\_  
Address  
Hicksville, NY 11801

\_\_\_\_\_  
City/State and Zip code  
wlibardi@libardi.com

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

For further information concerning this matter, please call:

William Libardi                      516                      220-3379  
\_\_\_\_\_  
Name of Person                      at (                      )                      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

2019 AUG -5 PM 4:36

FILED

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.

Libardi Service Agency, 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)  
New York

2. \_\_\_\_\_ 3. 11-3130290  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
10/20/1992

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
n/a

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
100 Stewart Ave Hicksville, NY 11801

7. \_\_\_\_\_  
(Principal office address)

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

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

William Libardi

Name: \_\_\_\_\_

2772 NE 30th Ave Unit 6B

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

Lighthouse Point

33064

\_\_\_\_\_, Florida \_\_\_\_\_  
(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.*

William Libardi William Libardi, President  
(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.

2019 AUG -5 PM 4:06

FILED

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

A. DIRECTORS

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

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

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

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

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

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

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

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

B. OFFICERS

William Libardi

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

100 Stewart Ave

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

Hicksville, NY 11801

SAME

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

SAME

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

SAME

SAME

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

SAME

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

SAME

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

SAME

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.

William Libardi

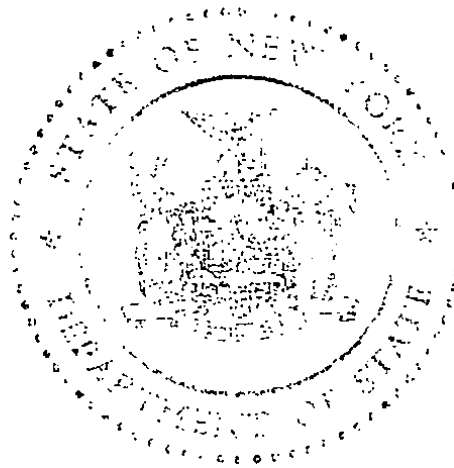
13.  WILLIAM LIBARDI, President

(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 LIBARDI SERVICE AGENCY, INC. was filed on 10/20/1992, under the name of LSA, INC., 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.

A Certificate of Amendment LSA, INC., changing its name to LIBARDI SERVICE AGENCY, INC., was filed 11/03/1994.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 10th day of April two  
thousand and nineteen.*

A handwritten signature in cursive script, reading "Whitney Clark".

Whitney Clark  
Deputy Secretary of State