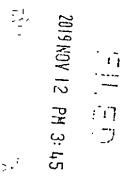
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 19, 2019

MICHAEL CUDLIPP 125 SULLY'S TRAIL SUITE:2 PITTSFORD, NY 14534

SUBJECT: HARLADAY, INC Ref. Number: W19000093019

We have received your document for HARLADAY, 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.

Letter Number: 119A00021630

Yvette Scott Document Specialist II

www.sunbiz.org

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO

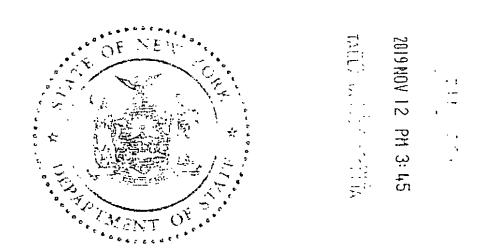
| REGISTER A FOREIGN CORPORATION TO TR   | RANSACT BUSINESS IN THE STATE OF FLORIDA.  |
|--|--|
| Harladay,1   | inc.   |
| (Enter name of corporation; must include "INCORP "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.,") | PORATED." "COMPANY," "CORPORATION."  |
| (If name mayailable in Florida, enter alternate corne  | norate name adopted for the purpose of transacting business in Florida)  |
|  | 3. 26-4683830  (FEI number, if applicable)   |
| (State or country under the law of which it is incorp  |  |
| 4 4/9/2009   | (Date of duration, if other than perpetualis   |
| (Date of incorporation)  | Date of duration, if other than perpetualists    V   A     E     d business in Florida, if prior to registration   |
| (Date first transacted (SEE SECTIONS 607.150   | d business in Florida, if prior to registration) 01 & 607.1502, F.S., to determine penalty liability)  CLE Fairport, NY -14450  (Principal office address)   |
|  | urrent mailing address, if different)  |
| 11.2)  | arten maning address, a different)   |
| 8. Name and street address of Florida registered a   | agent: (P.O. Box <u>NOT</u> acceptable)  |
| Name: Charles Clot   | thn  |
| Office Address: 1000 N. Central A  | Ve, Spot 236   |
| Umatila (City)   | . Florida <u>32784</u><br>(Zip code)   |
| designated in this application, I hereby accept the  | eccept service of process for the above stated corporation at the place are appointment as registered agent and agree to act in this capacity. It statutes relative to the proper and complete performance of my ligations 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  |                 |                     |                    |
| Chanman   |                 |                     |                    |
| Address.  |                 |                     |                    |
|   |                 |                     |                    |
| Vice Chairman:  |                 |                     |                    |
| Address:  |                 |                     |                    |
|   |                 |                     |                    |
| Director:   |                 |                     | - <del></del>      |
| Address:  |                 |                     |                    |
|   |                 |                     |                    |
| Director:   | <u> </u>        | 9019                |                    |
| Address:  |                 | AOM 6               | :                  |
|   |                 | 12                  | <u> </u>           |
| B. OFFICERS   |                 | PH                  | :                  |
| President: Charles E aothin   |                 | <u>۔</u><br>_بـــ   |                    |
| Address: 12 Brimsdown Circle  | <del></del>     | <u>_</u> Ω_         | <u> </u>           |
| Fairport, NY 14450  |                 |                     |                    |
| Vice President:   |                 |                     |                    |
| Address:  |                 |                     | <u> </u>           |
|   |                 |                     |                    |
| Secretary:  |                 | <del></del>         |                    |
| Address:  |                 |                     |                    |
| Treasurer:  |                 |                     |                    |
| Address:  |                 |                     |                    |
| NOTE: If nucessare, you may attach an addendum to the application listing additional officers and/  | or dire         | ectors.             |                    |
| 12. Signature of Director or Officer  |                 |                     |                    |
| The officer or director signing this document (and who is listed in number 11 above) aftirms that the are true and that he or she is aware that false information submitted in a document to the Departmen a third degree felony as provided for in s.817.155. F.S. | facts<br>Fof St | stated :<br>ate com | herein<br>stitutes |
| (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 HARLADAY, INC. was filed on 04/09/2009, 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 19th day of September two thousand and nineteen.

Brandon C Hydro

Brendan C Hughes
Executive Deputy Secretary of State