

F20000004393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

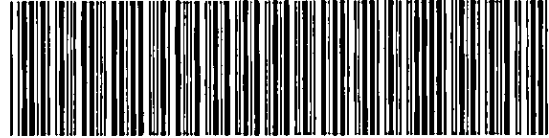
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/30/20--01016--019 **87.50

FILED
SEP 30 2010
SEP 30 2010
SEP 30 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASSISTED TRANSPORTATION CORP.

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:

MATTHEW HEBEL

Name of Person

ASSISTED TRANSPORTATION CORP.

Firm/Company

557 N. MACQUESTEN PKWY

Address

MOUNT VERNON, NY 10552

City/State and Zip code

mhebel@assistedtrans.com

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

For further information concerning this matter, please call:

ALAN HEBEL

Name of Person

at (914) 760-6717

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. ASSISTED TRANSPORTATION CORP.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 46-0871189
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/20/2012 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 557 N. MACQUESTEN PKWY, MOUNT VERNON, NY 10552
(Principal office street address)

SAME
(Current mailing address, if different)

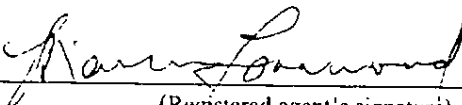
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: LAW OFFICE OF MARCIA J LOCKWOOD, P.

Office Address: 1160 S. SWEARINGEN AVE.
BARTOW, Florida 33830
(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.


(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name: MATTHEW HEBEL
☐ Vice Chairman Address: 13 LINCOLN AVE.
☐ Director MILFORD, CT 06460
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

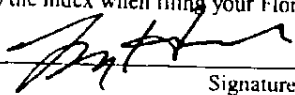
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. MATTHEW HEBEL, 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 ASSISTED TRANSPORTATION CORP. was filed on 06/20/2012, 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 22nd day of September two
thousand and twenty.*

Brendan C. Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*

NYS Department of State

Division of Corporations

Entity Information

The information contained in this database is current through September 22, 2020.

Selected Entity Name: ASSISTED TRANSPORTATION CORP.
Selected Entity Status Information
Current Entity Name: ASSISTED TRANSPORTATION CORP.
DOS ID #: 4261457
Initial DOS Filing Date: JUNE 20, 2012
County: WESTCHESTER
Jurisdiction: NEW YORK
Entity Type: DOMESTIC BUSINESS CORPORATION
Current Entity Status: ACTIVE

Selected Entity Address Information:

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)

ASSISTED TRANSPORTATION CORP.
13 LINCOLN AVE.
MILFORD, CONNECTICUT, 06460

Chief Executive Officer

MATTHEW HEBEL
557 N. MACQUESTEN PKWY.
MOUNT VERNON, NEW YORK, 10552

Principal Executive Office

ASSISTED TRANSPORTATION CORP.
557 N. MACQUESTEN PKWY.
MOUNT VERNON, NEW YORK, 10552

Registered Agent

BARCLAY DAMON
80 STATE STREET
ALBANY, NEW YORK, 12207

This office does not record information regarding the names and addresses of officers, shareholders or directors of nonprofessional corporations except the chief executive officer, if provided, which would be listed above. Professional corporations must include the name(s) and address(es) of the initial officers, directors, and shareholders in the initial certificate of incorporation, however this information is not recorded and only available by viewing the certificate.

*Stock Information

| # of Shares | Type of Stock | \$ Value per Share |
|-------------|---------------|--------------------|
| 200 | No Par Value | |

*Stock information is applicable to domestic business corporations.

Name History

| Filing Date | Name Type | Entity Name |
|--------------|-----------|-------------------------------|
| JUN 20, 2012 | Actual | ASSISTED TRANSPORTATION CORP. |

A Fictitious name must be used when the Actual name of a foreign entity is unavailable for use in New York State. The entity must use the fictitious name when conducting its activities or business in New York State.

NOTE: New York State does not issue organizational identification numbers.