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COVER LETTER

	stration Section sion of Corporations				
SUBJECT:	D: El . C . I				
SUBJECT		of corporation -	must include suffix		
Dear Sir or N	1adam:				
"Certificate of	"Application by Foreign Co of Existence," or "Certificate need foreign corporation to tr	of Good Standi	ng" and check are submitte		
Please return	all correspondence concerni	ng this matter to	the following:		
Bryan R Clev	ersley, CPA				
		Name of Pe	erson		2
Bison Elevato	r Service Inc			:. 	2022 OCT 31
		Firm/Compa	any		13
295 Main St,	Ste 932			ر الله الله الله الله الله الله الله الل	$\frac{\omega}{-}$
Address				æ	
Buffalo, NY	4203			707	9: 20
		City/State and	1 Zip code	<u> </u>	20
bryan@bison			r future annual report notifi	antion)	
	n-man address	i. (to be used to	ruture amuai report notifi	cation)	
For further in	formation concerning this m	atter, please cal	ll:		
Bryan Clevers	sley	at (716 852-3031			
Nan	ne of Person	Area Code	Daytime Telephone	Number	
Regi Divi: The 2415	EET/COURIER ADDRES stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 thassee, FL 32303		MAILING ADDI Registration Section Division of Corpose P.O. Box 6327 Tallahassee, FL 3	on rations	
	check for the following amount in the character of the ch	EPARTMENT C g Fee & 🗀 :		\$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.

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)	
New York 3.		16-1593919	
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)	
10/04/2000	5.	(Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	n Florida if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.15	502, F.S., to determine penalty liability)	
643 Orista Dr, D	avenport, FL 33837	·	
	(Principal offi	ice <u>street</u> address)	
295 Main St, St	e 932, Buffalo, NY 14203		
	(Current mailir	ng address, if different)	
Name and stre	et address of Florida registered agent: (P.C	D. Box NOT acceptable)	
	Hubco Registered Agent Services Inc.		
Name:			
	155 Office Plaza Dr, 1st Fl		
ffice Address:			
	Tallahassec (City)	, Florida 32301 (Zip code)	

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 Randall J Pawlik Sr □ Chairman □ Chairman Name: 295 Main St, Ste 932 ☐ Vice Chairman Address: □Vice Chairman Address: Buffalo, NY 14203 □Director □ Director President □President □Vice President _____ □Vice President ☐Treasurer Treasurer ☐ Secretary □ Secretary □Other _____ □Other ______ □Other _____ □Other _____ □ Chairman Name: _____ □ Chairman Name: _____ □Vice Chairman Address: ______ □Vice Chairman Address: _____ □Director □ Director □ President □President □Vice President ___ □Vice President ☐ Secretary ☐Treasurer □ Secretary Treasurer : □Other _____ □Other _____ □Other <u>''</u>::::: □Other _____ ص ☐ Chairman □Chairman Name: _____ Name: _____ Address: □Vice Chairman Address: _____ □Vice Chairman □Director ☐ Director □ President □President □Vice President □Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other _____ □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 which filing your Florida Department of State Annual Report form. 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.

Randall J Pawlik, Sr, President

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: BISON ELEVATOR SERVICE INC.

DOS ID Number: 2559992

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 10/04/2000

Statement Status: CURRENT

Statement Due Date: 10/31/2022

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: CERTIFICATE OF INCORPORATION

Date of Filing: 10/04/2000

Entity Name: BISON ELEVATOR SERVICE INC.

Document Type: BIENNIAL STATEMENT

 Date of Filing:
 07/07/2009

 Effective Date:
 10/01/2008

Document Type: BIENNIAL STATEMENT

Date of Filing: 12/14/2010 **Effective Date:** 10/01/2010

Page 1 of 2

Document Type:

BIENNIAL STATEMENT

Date of Filing:

09/19/2014

Effective Date:

10/01/2012

Document Type:

BIENNIAL STATEMENT

Date of Filing:

05/16/2017

Effective Date:

10/01/2016

Document Type:

BIENNIAL STATEMENT

Date of Filing:

10/31/2018

Effective Date:

10/01/2018

Document Type:

BIENNIAL STATEMENT

Date of Filing:

03/03/2021

Effective Date:

10/01/2020

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on October 28, 2022 at 03:14 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hydra

By Brendan C. Hughes

Executive Deputy Secretary of State

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