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COVER LETTER

TO: **Registration Section** Division of Corporations

Transfinder Corporation 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:

Kelly Burton

Name of Person

Transfinder Corporation

440 State Street

Address

Firm/Company

Schenectady NY, 12305

Citv/State and Zip code

billing@transfinder.com

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

For further information concerning this matter, please call:

Kelly Burton

Name of Person

at (518) Area Code 377-3609 Davtime Te Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Registration Section

P.O. Box 6327

STREET/COURIER ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE □ \$70.00 Filing Fee 2 \$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 Transfinder Corporation

| (Enter name of corporation; must include "INCO | ORPORATED," | "COMPANY," | "CORPORA | TION," |
|---|-------------|------------|----------|--------|
| "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") | | | | |

| | able in Florida, enter alternate corporate name ado | pred for the purpose of transaction | ig ousiness in riorida, |
|------------------------|--|--------------------------------------|-------------------------|
| New Yor | K3 | | |
| | (State or country under the law of which it is incorporated) (FEI number, if applicable) | | |
| 04/07/19 | 88 5 | | |
| (Date | (Date of incorporation) 5 (Date of duration, if other than perpetual) | | than perpetual) |
| · | | | |
| | (Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502, | | ty) |
| 440 State | Street Schenectady, NY 12305 | 5 | |
| | (Principal office s | | |
| | | | |
| | (Current mailing a | ddress, if different) | |
| | | | SECRETARY 15 |
| . Name and <u>stre</u> | et address of Florida registered agent: (P.O. B | 1 2 | ALL |
| Name: | Northwest Registered Agent LLC | <u> </u> | |
| | 7901 4th St N STE 300 | | Jan State |
| Adress | | | |
| office Address: | Ot Detector | 22702 | |
| Office Address: | St. Petersburg (City) | , Florida <u>33702</u> (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.

Type Nam

(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.

A. DIRECTORS

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| Chairman | Name: Antonio Civitella | Chairman | Name: | |
|-----------------|---------------------------|-----------------|----------|---------------------------------------|
| □Vice Chairman | Address: 440 State Street | □Vice Chairman | Address: | |
| Director | Schenectady, NY 12305 | Director | | |
| President | | President | | |
| □Vice President | | DVice President | | |
| Secretary | | | | Treasurer |
| Other | 0ther | Other | · | □Other |
| □Chairman | Name: | □Chairman | Name: | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | |
| Director | | Director | | |
| President | | President | | |
| □Vice President | | □Vice President | | |
| Secretary | Treasurer | Secretary | | |
| Other | Other | □Other | | Other |
| Chairman | Name: | □Chairman | Name: | |
| □Vice Chairman | Address: | □Vice Chairman | Address: | |
| Director | | Director | | |
| President | | President | <u>.</u> | · · · · · · · · · · · · · · · · · · · |
| □Vice President | | □Vice President | | |
| | | | | |
| [] Other | [] 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 when filing your Florida Department of State Annual Report form.

12. Antonio Civitille

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. Antonio Civitella

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: **DOS ID Number:** Entity Type: **Entity Status:** Date of Initial Filing with DOS:

Statement Status: Statement Due Date: TRANSFINDER CORPORATION 1251126 DOMESTIC BUSINESS CORPORATION EXISTING 04/07/1988

CURRENT 04/30/2024

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 May 02, 2023 at 09:47 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100003415781 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ccorp.dos.ny.gov



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are <u>optional</u>. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed
 electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
 Report Reminder Notices" are sent to the e-mail address you provide us when you submit
 this document for filing. To file any time after January 1st, go to our website at
 www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.