

F24000005069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

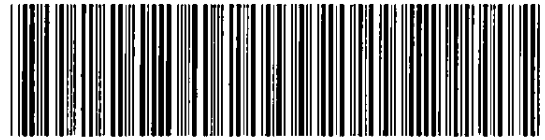
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2024

PAUL CIULLO
1462 ERIE BLVD. STE. C101
SCHENECTADY, NY 12305 US

SUBJECT: S CUBE, INC.
Ref. Number: W24000131472

We have received your document for S CUBE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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.

Andrea Andrews
Regulatory Specialist II

Letter Number: 424A00021016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: [s]Cube, Inc.

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:

Paul Ciullo

Name of Person

[s]Cube, Inc.

Firm/Company

1462 Erie Blvd. Ste. C101

Address

Schenectady, NY 12305

City/State and Zip code

Paul.Ciullo@scubeenterprise.com

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

For further information concerning this matter, please call:

Paul Ciullo

at (607) 760-7870

Name of Person

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. [s]Cube, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")
- Scube, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. 47-4719457
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/31/2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1462 EME BLVD Suite C101, Schocktady, NY 12305
(Principal office street address)

(Current mailing address, if different)

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

Name: Registered Agents Inc.

Office Address: 7901 4th Street N STE 300

St. Petersburg, Florida 33702
(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.

David Roberts

(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]:

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A. DIRECTORS

☐ Chairman Name: Patrick Gray
☐ Vice Chairman Address: 1265 Milton Keynes Drive, Schenectady, NY 12309
☐ Director
☒ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: Haileab Samuel
☐ Vice Chairman Address: 809 Parkside Ave, Schenectady, NY 12309
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other

☐ Chairman Name: Adam Bell
☐ Vice Chairman Address: 693 Jefferson Hill Road, Nassa, NY 12123
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other COO ☐ Other

☐ Chairman Name: Paul Ciullo
☐ Vice Chairman Address: 28 Bergen Place, Schenectady, NY 12309
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other CFO ☐ Other

☐ Chairman Name: Stephen Graham
☐ Vice Chairman Address: 8 Woodruff Road, West Stockbridge, MA 01266
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other CIO ☐ Other

☐ Chairman Name: Alan Poirier
☐ Vice Chairman Address: 456 Copeland Hill Road, Coeymans, NY 12046
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☒ Other CTO ☐ 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. Paul G. Gusty
 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. Paul Ciullo
 (Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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:	SCUBE, INC.
DOS ID Number:	4798209
Entity Type:	DOMESTIC BUSINESS CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	07/31/2015
Statement Status:	CURRENT
Statement Due Date:	07/31/2025

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 September 05, 2024 at 09:36 A.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100006529722 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>