

MIS000009601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

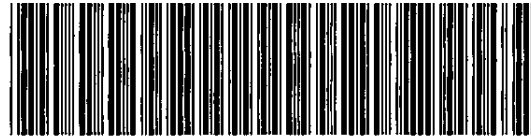
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TALLAHASSEE, FLORIDA

DEC 01 2015
Y SULKER

WIS-74624

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Puffin Company, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Timothy K. Sweigart, CPA

Name of Person

Leid, Lorah & Company, P.C.

Firm/Company

PO Box 28

Address

Denver, PA 17517

City/State and Zip Code

tsweigart@leidlorahcpa.com

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

For further information concerning this matter, please call:

Timothy K. Sweigart, CPA

717 336-2891
at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 NOV 30 PM 4: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 13, 2015

TIMOTHY K SWEIGART, CPA
PO BOX 28
DENVER, PA 17517

SUBJECT: THE PUFFIN COMPANY, LLC
Ref. Number: W15000074624

We have received your document for THE PUFFIN COMPANY, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 915A00023986

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. The Puffin Company, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. New York State 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 11/1/15
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 15 Hillside Place
Northport, NY 11768
(Street Address of Principal Office)

6. 15 Hillside Place
Northport, NY 11768
(Mailing Address)

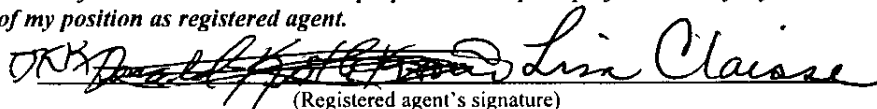
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Lisa Claisse Lisa Claisse
Office Address: 14651 Angus Road
Polk City, Florida 33868
(City) (Zip code)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Donald Keith Kaonis, 906 Bent Creek Drive, Lititz, PA 17543 Manager

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)


Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Donald Keith Kaonis
Typed or printed name of signee

ATTEN: Tim S

**State of New York
Department of State } ss:**

I hereby certify, that THE PUFFIN COMPANY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/22/1997, and that the Limited Liability Company is existing so far as shown by the records of the Department.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 13th day of October two
thousand and fifteen.*

Anthony Giardina

Executive Deputy Secretary of State