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#### **COVER LETTER**

то:	Registration Section Division of Corporatio	ns		•		, v
SUBJE	ест:	'nainyk S	) Yelwic Name of L	imited Liability C	Company	·
						nsact Business in Florida," Certificate of company to transact business in Florida
Please	return all correspondence	concerning this mat	ter to the f	ollowing:		
		Dovid	A. C	hoinyk me of Person		
		nainyk Se	y vi ces Fir	m/Company		
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		Albany	. U\ City/Sta	1 3003 ate and Zip Code		
	***************************************	CSSE(UICE) E-mail address: (	S//c a	Jaho . Co	report noti	ification)
For fur	ther information concerning	ng this matter, pleas	e call:			
	David A.	Undingsk of Contact Person		at (5\8 Area Code	) 37 Dayı	time Telephone Number
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassec, FL 32314				Division of Registrati Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301
Enclose	ed is a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Certificate of Sta		☐ \$155.00 Filin Certified Copy	g Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy

### CHAINYK SERVICES, LLC

David Andrew Chainyk (518) 378-8522 447 Krumkill Road, Albany,NY 12203 CSSERVICESLLC@YAHOO.COM

December 11,2016

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

To Whom It May Concern:

I have attached our completed Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. Please feel free to contact me at any time if you have any questions.

Thank you for your assistance with this matter.

David A. Chafnyk

Owner

Chainyk Services, LLC



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2016

DAVID A CHAINYK 447 KRUMKILL ROAD ALBANY, NY 12203

SUBJECT: CHAINYK SERVICES, LLC

Ref. Number: W16000011212

16 MAR - I PM 3: 53
SECRETARY OF STATE

We have received your document for CHAINYK SERVICES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Principal and mailing address is missing.,

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 916A00003133

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

IN COMPLIANCE WITH SEC COMPANYTO TRANSACT BY			NG IS SUBMITTED TO REGISTE	R A FOREIGN LIMITED LIABILITY
1. (Name of For	reign Limited Liability Comp	Services LL	( ed Liability Company," "L.L.C.,	" or "LLC")
				·
(If name unavailable, enter a Liability Company," "L.L.C,	Iternate name adopted for the "or "LLC.")		ousiness in Florida. The alternate	
2. New yor	Store of which foreign limited lia	3	46-267390 (FEI number, if applica	-11-5
company is organized)	or which foreign fimited ha	miliy	(FEI number, II applica	adic)
4	(Date first transacto	ed business in Florida, if   14 & 605.0905, F.S. to de	prior to registration.)	<u></u>
- Minn Man	•	14 & 605.0905, F.S. to de	termine penalty liability)	
3. A 179 & MOI	uton Road	V 27		
Lana o La	Oleo PL 3	dress of Principal Office)		
6. 447 Krum	vill Road .			
Albania I	W 13203			TAI I
11.00	<del>210003</del>	Mailing Address)		ECRE IN
7. Name and street address	ss of Florida registered ag	gent: (P.O. Box NOT	acceptable)	A D
Name:	David A. Cr	ningk .		
Office Address:	21442 Hav	ton Road		
		ues	, Florida 3463	<u>118</u>
Registered agent's accep	ptance:	(City)	(Zip code	,
designated in this applicate to complywith the provisi	ation, I hereby accept the ions of all statutes relativ	appointment as register to the proper did con	ered agent and agree to act it	liability company at the place n this capacity. I further agree uties, and I am familiar with and
accept the obligations of	my position as registered	agent /		
		(Registered agent's sign	nature)	
8. The name, title or capa	acity and address of the p	erson(s) who has/have	authority to manage is/are:	
David A. Co	ningk, Ouner			
447 Crumbil	1 Road	·		
Albany, M	4 12203	$\mathcal{L}$		<del></del>
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is overhized.	an,90 days old, duly au (If the contificate is in a signature of an authorized		ring custody of records in the on of the certificate under oath
This document is executed submitted in a document to	d in accordance with section the Department of State	on 605.0203 (1) (b), Flo	orida Statutes. I am aware that ee felony as provided for in s.	any false information 817.155, F.S.

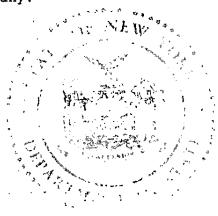
## State of New York Department of State } ss:

I hereby certify, that CHAINYK SERVICES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/26/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of CHAINYK SERVICES, LLC was filed on 07/31/2013.

The Biennial Statement is past due.

I further certify, that no other documents have been filed by such Limited Liability Company.



o do par

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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 10th day of February two thousand and sixteen.

Executive Deputy Secretary of State