

M17000000329

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

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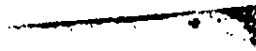
2821 Wk-83534

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12/12/16--01003--012 **125.00



JAN 12 2017
S. YOUNG

DEC 12 AM 2:05

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2016

STEVEN M. STUBING
MENSSING, LLC
121 HUNTER STREET
GLENS FALLS, NY 12801

SUBJECT: MENSSING, LLC
Ref. Number: W16000083534

We have received your document for MENSSING, 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):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 616A00026578

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SECRETARY OF
TALLAHASSEE, FLORIDA
16 DEC 12 PM 2:05

Enclosed is the information you requested. Your payment of \$25.00 is hereby acknowledged.

STEVE STUBING
121 HUNTER ST.
GLENS FALLS NY 12801

CUST REF: MAIL

RECEIVED
2017 JAN 12 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is the information you requested. Your payment of \$25.00 is hereby acknowledged.

If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.

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2017 DEC 12 PM 2:05
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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MENSSING, 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:

STEVEN M. STUBING
Name of Person

MENSSING, LLC
Firm/Company

121 Hunter Street
Address

GLENS FALLS, NEW YORK 12801
City/State and Zip Code

esssta@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN STUBING at (518) 812-5273
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

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TALLAHASSEE, FLORIDA
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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. MENSSING, 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 01/01/2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____
121 Hunter Street
(Street Address of Principal Office)

6. Glens Falls,
NEW YORK 12801
(Mailing Address)

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

Name: STEVEN STUBING
Office Address: 29 AQUA RA DRIVE
JENSEN BEACH, Florida _____
(City) (Zip code)

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.

Sm Stubing
(Registered agent's signature)

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

STEVEN STUBING, AMBR
121 Hunter Street
Glens Falls, New York 12801

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)

Sm Stubing
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.

Sm Stubing
Typed or printed name of signee
STEVEN M. STUBING

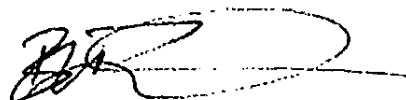
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TALLAHASSEE, FLORIDA
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State of New York
Department of State } ss:

I hereby certify, that MENSSING, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/05/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC 12 PM 2:06

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 30th day of December two
thousand and sixteen.



Brendan W. Fitzgerald
Executive Deputy Secretary of State

NYS Department of State

Division of Corporations

Entity Information

The information contained in this database is current through December 6, 2016.

Selected Entity Name: MENSSING, LLC
Selected Entity Status Information
Current Entity Name: MENSSING, LLC
DOS ID #: 4413317
Initial DOS Filing Date: JUNE 05, 2013
County: WARREN
Jurisdiction: NEW YORK
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Current Entity Status: ACTIVE

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TALLAHASSEE, FLORIDA
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Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)

C/O STEVEN M. STUBING
121 HUNTER STREET
GLENS FALLS, NEW YORK, 12801

Registered Agent

NONE

This office does not require or maintain information regarding the names and addresses of members or managers of nonprofessional limited liability companies. Professional limited liability companies must include the name(s) and address(es) of the original members, however this information is not recorded and only available by viewing the certificate.

*Stock Information

of Shares Type of Stock \$ Value per Share

No Information Available

*Stock information is applicable to domestic business corporations.

Name History

Filing Date Name Type Entity Name

JUN 05, 2013 Actual MENSING, LLC

A **Fictitious** name must be used when the **Actual** name of a foreign entity is unavailable for use in New York State. The entity must use the fictitious name when conducting its activities or business in New York State.

NOTE: New York State does not issue organizational identification numbers.

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