

M17000005299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

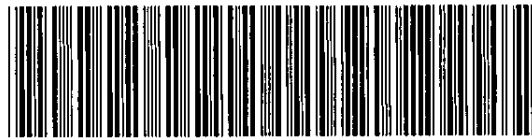
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/20/17--01024--012 **100.00

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FILED
2017 JUN 20 AM 10:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 31 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Northway Apartments 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:

Katherine Hubbell

Name of Person

Northway Apartments LLC

Firm/Company

106 Boynton Ave

Address

Plattsburgh New York 12901

City/State and Zip Code

kay@lakechamplainpools.com

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

For further information concerning this matter, please call:

Kay Hubbell

Name of Contact Person

at (**518**) **572 1834**

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



Northway Apartments

6/16/2017

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

Dear Govt. Officials:

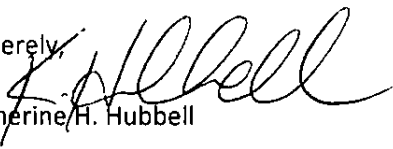
Enclosed please find paperwork to apply to register an existing NYS, LLC, Northway Apartments, LLC, DOS ID # 3177219(NYS) as a foreign Florida LLC.

Please find a check for registration, an application for authorization to transact business in Florida with a registered agent's acceptance, as well as a certificate of existence, no more than 90 days old.

For further information concerning this matter, please contact me.

Katherine H. Hubbell, member
Northway Apartments, LLC
106 Boynton Avenue
Plattsburgh, N.Y. 12901
518-563-2130
kay@lakechamplainpools.com

Sincerely,


Katherine H. Hubbell

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. Northway Apartments, 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

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 208186615

(FBI number, if applicable)

4. _____

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

5. 106 Boynton Avenue

(Street Address of Principal Office)

Plattsburgh N.Y. 12901

6. 106 Boynton Avenue

(Mailing Address)

Plattsburgh, N.Y. 12901

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

Name: David Lay

Office Address: 48 Bay 4300 SE St. Lucie Boulevard

Stuart Florida

, Florida 34997

(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.



(Registered agent's signature)

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

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Member

Katherine Hubbell

Member

George Hubbell

106 Boynton Ave
Plattsburgh, N.Y. 12901

106 Boynton Ave
Plattsburgh, N.Y. 12901

(Use attachments if necessary)

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

10. 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.

Katherine Hubbell
Typed or printed name of signer

FILED
2017 JUN 20 AM 10:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

I hereby certify, that NORTHWAY II, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/15/2005, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment NORTHWAY II, LLC, changing its name to NORTHWAY APARTMENTS, LLC, was filed 05/13/2010.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 07th day of June two
thousand and seventeen.*

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*