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September 28, 2017

ANGELO FERRANTE 2713 ROUTE 17M NEW HAMPTON, NY 10958

SUBJECT: HUDSON VALLEY MITIGATION & RESTORATION, LLC

Ref. Number: W17000077365

We have received your document for HUDSON VALLEY MITIGATION & RESTORATION, 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):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 317A00019654

Octavia L Simmons Regulatory Specialist II

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COVER LETTER

TO:		ation Section r of Corporation	s				
SUBJE		-	oration & Mitigation, LLC				
30131			Name of I	Limited Liability (Company		
Please	return all	correspondence co	oncerning this matter to the	following:			
		Michelle DeLill	o				
			N	ame of Person			
		Hudson Valley	Restoration & Mitigation, L	LC			
			Fi	Name of Limited Liability Company bility Company for Authorization to Transact Business in Florida." Certificate of bove referenced foreign limited liability company to transact business in Florida. atter to the following: Name of Person			
	2713 Route 17M						
	Address						
New Hampton, NY 10958							
			City/S	tate and Zip Code			
	_	michelle@hudsor					
				I for future annual	l report not	ofication)	
hor fur			g this matter, please call:				
	Michell	le DeLillo) <u></u>)	34	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Divisior Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section x 6327 ssee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding ecutive Center Circle	
Enclos		STATE STATE OR STATE OF STATE	ing amount: \$\Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status}\$		ng Fee &		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS in Florida

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMBED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Hudson Valley Restora (Name of Foreign	tion & Mitigation, LLC Limited Liability Company, must include "Limite	d Liability (Company," "L.L.C	," or "LLC ")	
I Compa up your day again at the same of t	nne adopted for the purpose of transacting business in Flo	rids The dian	n de name must inche	la "Limated Lish	deb Conterms "" L. C. " or " L. C. " i
	and adopted by the pulpose of thirdening of these at the			ic 1.minica 1.450	inty Conquiry, 12 O.C., of Co., 1
New York State (Jurisdiction under the law of which is the state	nich foreign limited liability company is organized)	3	32-3781551	(FEI numbe	er, if applicable)
I. <u>N/A</u>	(Date first transacted business in Florida of prior to	registration)			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	•			
2713 Route 17M (Street Address of F		6. <u>s</u>	ame	(Mailing Addic	<u> </u>
New Hampton, NY 10	•			Extaning Made	
		_			
		_			<u> </u>
7 Nome and street address	s of Florida registered agent: (P.O. Box	· NOT ag	antabla)		- 1.
. Name and succe address	s of Florida registered agent. (F.O. Dox	NOT act	cptable)		۔ ڊن
Name:	_Registered_Agents_Inc				
Office Address:	3030 N Rocky Point DR. STE	E 150A			
J.11127.1121.2027				33607	
	Tampa		, Florida _	(Zm code	<u>, </u>
Registered agent's accep				(, ,, ,	,
8. The name title or cans	(Registered agent's acity and address of the person(s) who ha	•	thority to mana	oe islate:	
Title or Capacity:	Name and Address:		e or Capacity:	So ka wo.	Name and Address:
president	Angelo Ferrante	vice	e-president		Michael Ferrante
	246 Post Road Slate Hill, NY 10973			_ _ ·	141 Canal Road Wurtsboro, NY 12790
	State 14th, 184 19773	_			W tirtsoon 0, 181 12790
	 	_			
(Use attachments if neces	sary)				
urisdiction under the law of the translator must be started. O. This document is exec	of existence, no more than 90 days old, of which it is organized. (If the certificat abmitted) uted in accordance with section 605,020, o the Department of State constitutes ath	te is in a fi 3 (1) (b), I	oreign language Florida Statutes	, a translati . I am aware	on of the certificate under oat that any false information
					
	Z// Signature	of an Authoriz	ed person		
	Anvelo Ferrante				
	Angelo Ferrante				

Typed or printed name of signer

State of New York Department of State } ss:

I hereby certify, that HUDSON VALLEY RESTORATION & MITIGATION LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/21/2017, 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 23rd day of May two thousand and eighteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State