

W19000001058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

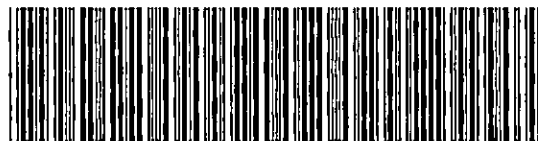
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W19000007128

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 JAN 16 AM 9:48

FILED

C CAVE  
JAN 30 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 22, 2019

LUANN ZURECK  
250 DELAWARE AVENUE  
BUFFALO, NY 14202

SUBJECT: NORTH STAR SPORT HORSE LLC  
Ref. Number: W19000007128

We have received your document for NORTH STAR SPORT HORSE 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 registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6052.

Cathy Cave

Letter Number: 619A00001592

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NORTH STAR SPORT HORSE 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:

LUANN ZURECK

Name of Person

NORTH STAR SPORT HORSE LLC

Firm/Company

250 DELAWARE AVENUE

Address

BUFFALO, NY 14202

City/State and Zip Code

LZURECK@DELAWARENORTH.COM

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

For further information concerning this matter, please call:

LUANN ZURECK, AUTHORIZED AGENT

at ( 716 ) 858-5271

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

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. NORTH STAR SPORT HORSE LLC

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

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

2. NEW YORK

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

3. 47-4428541

(FEI number, if applicable)

4. 04/09/2018

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

5. 250 DELAWARE AVENUE

(Street Address of Principal Office)

BUFFALO, NY 14202

6. 250 DELAWARE AVENUE

(Mailing Address)

BUFFALO, NY 14202

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

Name: CARLY KABER

Office Address: 12500 PIERSON ROAD

WELLINGTON

(City)

, Florida 33414

(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

LOUIS M. JACOBS

Authorized Agent

LUANN ZURECK

250 DELAWARE AVE

250 DELAWARE AVE

BUFFALO, NY 14202

BUFFALO, NY 14202

Member

JOAN B. JACOBS

250 DELAWARE AVE

BUFFALO, NY 14202

(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)

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.

Signature of an authorized person

LUANN ZURECK

Typed or printed name of signer

Signatures on next page

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

IN COMPLIANCE WITH SECTION 605.021, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. NORTH STAR SPORT HORSE LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If more than one name, name chosen must be adopted for the purpose of conducting business in Florida. The chosen name must include "Limited Liability Company," "LLC," or "LLC")

2. NEW YORK 3. 47-423541  
(Completion under the law of origin foreign limited liability company is required) (If no number, if applicable)

4. 044572011  
(Date last authorized business in Florida, if date is uncertain)  
(Date written included in 2011, Y.Y. to determine priority liability)

5. 250 DELAWARE AVENUE 6. 250 DELAWARE AVENUE  
(Complete Address of Foreign Office) (Complete Address)  
BUFFALO, NY 14202 BUFFALO, NY 14202

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

Name: CARLY KABER  
Office Address: 12500 PIERSON ROAD  
WELLINGTON, Florida 33414  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above named 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.

Carly Kaber  
(Signature of registered agent)

8. Two names, title or capacity and address of the person(s) who have authority to manage the:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Member	<u>LOUIS M. JACOBS</u> <u>250 DELAWARE AVE</u> <u>BUFFALO, NY 14202</u>	Authorized Agent	<u>LIANN ZURBOK</u> <u>250 DELAWARE AVE</u> <u>BUFFALO, NY 14202</u>
Member	<u>JOAN M. JACOBS</u> <u>250 DELAWARE AVE</u> <u>BUFFALO, NY 14202</u>		

(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.)

10. This document is executed in accordance with section 605.021 (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.

LIANN ZURBOK  
(Signature of authorized person)  
Typed or printed name of signer

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

*I hereby certify, that NORTH STAR SPORT HORSE, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/26/2015, 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 NORTH STAR SPORT HORSE, LLC was filed on 09/14/2015.*

*Certificate of Change was filed on 12/16/2015.*

*A Certificate of Merger was filed on 05/09/2016.*

*The Biennial Statement is past due.*

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



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 04th day of January  
two thousand and nineteen.*

Whitney Clark  
Deputy Secretary of State