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19 MAR -7 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Date 3/5/19

TO →



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2019

TERENCE LANGAN, ESQ  
892 E BRIGHTON AVE  
SYRACUSE, NY 13205

SUBJECT: SACKETS HARBOR LEASING COMPANY, LLC  
Ref. Number: W19000015776

We have received your document for SACKETS HARBOR LEASING COMPANY, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 019A00003395

ORIGINAL GOOD STANDING CERTIFICATE  
IS ENCLOSED THANKS

RECEIVED

MAR 07 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SACKETS HARBOR LEASING COMPANY, 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:

TERENCE A. LANGAN, ESQ.  
Name of Person

TERENCE A. LANGAN, P.C.  
Firm/Company

892 East Brighton Ave.  
Address

Syracuse, NY 13205  
City/State and Zip Code

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

For further information concerning this matter, please call:

Terence A. Langan, Esq. at ( 315 ) 445 9761  
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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☐ \$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. SACKETS HARBOR LEASING COMPANY, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 16-1543725  
(FBI number, if applicable)

4. Have not yet transacted business in Florida; awaiting authorization.  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 103 General Smith Drive  
(Street Address of Principal Office)

6. 6950 57th Street  
(Mailing Address)

Sackets Harbor, NY 13685

Vero Beach, FL 32967

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

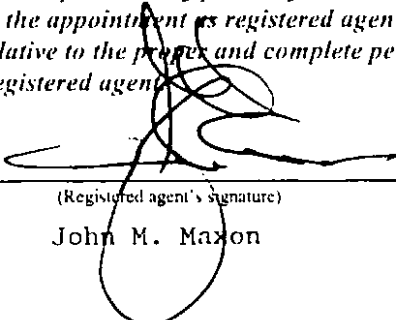
Name: John M. Maxon

Office Address: 6950 57th Street

Vero Beach, (City) Florida 32967  
(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.

X   
(Registered agent's signature)  
John M. Maxon

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:                      Name and Address:

☐ Manager                      Name: John M. Maxon

☒ Member                      Address: 6950 57th Street

☐ Authorized                      Vero Beach, FL 32967

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager                      Name: Aliene R. Maxon

☒ Member                      Address: 6950 57th Street

☐ Authorized                      Vero Beach FL 32967

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

X

\_\_\_\_\_  
Signature of an authorized person

John M. Maxon  
\_\_\_\_\_  
Typed or printed name of signee

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

*I hereby certify, that SACKETS HARBOR LEASING COMPANY, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/26/1998, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:*

*An Affidavit of Publication of SACKETS HARBOR LEASING COMPANY, LLC was filed on 06/17/1998.*

*An Affidavit of Publication of SACKETS HARBOR LEASING COMPANY, LLC was filed on 06/17/1998.*

*A Biennial Statement was filed 01/11/2000.*

*A Biennial Statement was filed 01/03/2002.*

*A Biennial Statement was filed 12/24/2003.*

*A Biennial Statement was filed 01/16/2008.*

*A Biennial Statement was filed 02/04/2010.*

*Certificate of Change was filed on 10/06/2010.*

*A Biennial Statement was filed 03/07/2012.*

*A Biennial Statement was filed 03/20/2014.*

*A Biennial Statement was filed 01/24/2019.*

*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 24th day of January  
two thousand and nineteen.*

Whitney Clark  
Deputy Secretary of State