

MI9000006173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

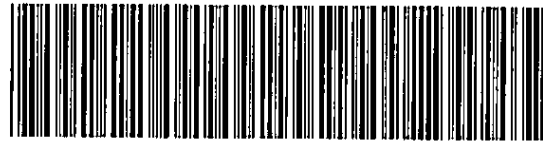
(Business Entity Name)

(Document Number)

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05/13/19--01014--025 **160.00

FILED
19 JUN 21 AM 10:35
REGISTRATION STATE
TALLAHASSEE, FLORIDA

B KINSEY
JUN 25 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2019

KRISTY LANEY
58 MASTERS COMMON NORTH
QUEENSBURY, NY 12804

SUBJECT: ABC DREAMS LLC
Ref. Number: W19000049092

We have received your document for ABC DREAMS 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):

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.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 819A00011654



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2019

KRISTY LANEY
58 MASTERS COMMON NORTH
QUEENSBURY, NY 12804

SUBJECT: ABC DREAMS LLC
Ref. Number: W19000049092

2019 JUN 13 4:12:13

We have received your document for ABC DREAMS 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):

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 919A00010181

6/2/19 Busy Signal 1:45pm (went to 0)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABC DREAMS 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:

KRISTY LANEY

Name of Person

Firm/Company

58 MASTERS COMMON NORTH

Address

QUEENSBURY, NY 12804

City/State and Zip Code

mklaney@hotmail.com

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

For further information concerning this matter, please call:

KRISTY LANEY

at (518) 742-9633

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

19 JUN 21 AM 10:35
STATE OF FLORIDA
TALLAHASSEE

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

2. NEW YORK 3. 83-3151645
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. FEBRUARY 1, 2019
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 58 MASTERS COMMON NORTH 6. 58 MASTERS COMMON NORTH
(Street Address of Principal Office) (Mailing Address)

QUEENSBURY, NY 12804 QUEENSBURY, NY 12804

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

Name: KRISTY LANEY

Office Address: 2646 DINVILLE STREET

KISSIMMEE, Florida 34747
(City) (Zip code)

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19 JUN 21 AM 10:35
SUNSHINE STATE
TALLAHASSEE, FLORIDA

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.

Kristy Laney 5/5/19
(Registered agent's signature)

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: KRISTY LANEY

☒ Member Address: 58 Masters Common North

☒ Authorized Queensbury, NY 12804

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: MICHAEL LANEY

☒ Member Address: 58 Masters Common North

☒ Authorized Queensbury, NY 12804

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 _____

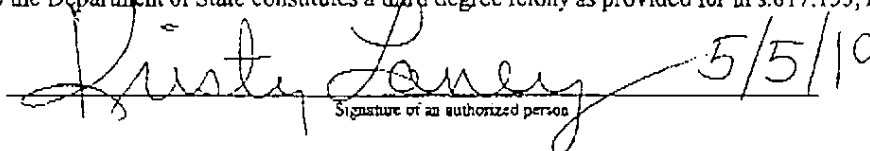
Person _____

☐ Other _____ ☐ Other _____

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.

 5/5/19
Signature of an authorized person

KRISTY LANEY


Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that ABC DREAMS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 01/15/2019, 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 19th day of June two
thousand and nineteen.



Whitney Clark
Deputy Secretary of State