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(Address)

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(City/State/Zip/Phone #)

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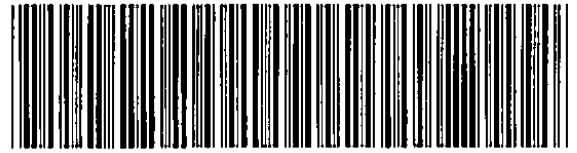
(Business Entity Name)

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19 JUL -5 PM 4:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

B KINSEY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McGuire Development Company, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate 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:

Catherine Panczykowski
Name of Person

McGuire Development Company, LLC
Firm/Company

455 Cayuga Road, Ste. 100
Address

Buffalo, New York 14225
City/State and Zip Code

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

For further information concerning this matter, please call:

Catherine Panczykowski at (716) 829-1977
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

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

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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. McGuire Development 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. 20-4957022
(FEI 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. 3000 N Federal Highway
(Street Address of Principal Office)

6. 455 Cayuga Road
(Mailing Address)

Ste. 10

Ste. 100

Ft. Lauderdale, FL 33306

Buffalo, NY 14225

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

Name: F. James McGuire

Office Address: 2845 NE 9th St Unit 1102

Ft. Lauderdale, _____, Florida 33304
(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.

F. James McGuire
(Registered agent's signature)

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STATE
FLORIDA
ALTA GRUPE

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]:

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Manager | Name: <u>Catherine Panczykowski</u> | <input type="checkbox"/> Manager | Name: <u>Jennifer Tenc</u> |
| <input type="checkbox"/> Member | Address: <u>455 Cayuga Rd.</u> | <input type="checkbox"/> Member | Address: <u>455 Cayuga</u> |
| <input checked="" type="checkbox"/> Authorized | <u>Ste. 100</u> | <input checked="" type="checkbox"/> Authorized | <u>Ste. 100</u> |
| Person | <u>Buffalo, NY 14225</u> | Person | <u>Buffalo, NY 142</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | | | |
|--|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Manager | Name: <u>James F. Dentinger</u> | <input type="checkbox"/> Manager | Name: <u>Michael Cron</u> |
| <input checked="" type="checkbox"/> Member | Address: <u>455 Cayuga Rd.</u> | <input type="checkbox"/> Member | Address: <u>455 Cayuga</u> |
| <input type="checkbox"/> Authorized | <u>Ste. 100</u> | <input checked="" type="checkbox"/> Authorized | <u>Ste. 100</u> |
| Person | <u>Buffalo, NY 14225</u> | Person | <u>Buffalo, NY 14</u> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

| | | | |
|--|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager | Name: <u>Danielle Strainbrown</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>455 Cayuga Rd.</u> | <input type="checkbox"/> Member | Address: _____ |
| <input checked="" type="checkbox"/> Authorized | <u>Ste. 100</u> | <input type="checkbox"/> Authorized | _____ |
| Person | <u>Buffalo, NY 14225</u> | Person | _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

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JUL 19 2005
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Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Not 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 jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under 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.

Catherine A. Panczykowski
Signature of an authorized person

Catherine A. Panczykowski
Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that MCGUIRE RISK MANAGEMENT, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/21/2005, 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 changing name to MCGUIRE DEVELOPMENT, LLC was filed on 05/06/2006.

A certificate changing name to MCGUIRE DEVELOPMENT COMPANY, LLC was filed on 05/10/2006.

An Affidavit of Publication of MCGUIRE DEVELOPMENT COMPANY, LLC was filed on 05/26/2006.

An Affidavit of Publication of MCGUIRE DEVELOPMENT COMPANY, LLC was filed on 05/26/2006.

A Biennial Statement was filed 03/17/2010.

A Biennial Statement was filed 01/04/2012.

A Biennial Statement was filed 12/09/2013.

A Biennial Statement was filed 12/14/2015.

A Biennial Statement was filed 12/04/2017.

Certificate of Change was filed on 05/01/2019.

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 20th day of June
two thousand and nineteen.*

Whitney Clark
Deputy Secretary of State