

W19000008805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

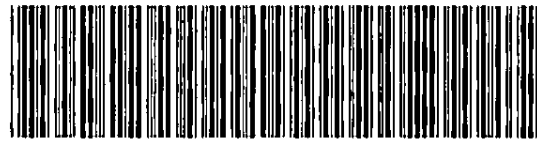
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

2nd Reply  
W19000081509

W19000073383

Office Use Only



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Y SCOTT

SEP 12 2019

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TALLAHASSEE, FLORIDA  
✓

**Academy Street Collaboration**

**Travel, Tourism and Event Advisory Services**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Academy Street Collaboration, 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:

William A. Hambury

Name of Person

Academy Street Collaboration, LLC

Firm/Company

49 Academy Street

Address

Stameteles, NJ 08052

City/State and Zip Code

bill@academystreetcollaboration.com

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

For further information concerning this matter, please call:

Bill Hambury

Name of Contact Person

at 315

Area Code

289-4948

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32311

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clinton Building  
2661 Executive Center Circle  
Tallahassee, FL 32311

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

☐ \$125.00 Filing Fee &

Articles of Incorporation

☐ \$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. Academy Street Collaboration, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

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

3. 821-46-3210896  
(FBI number, if applicable)  
NYSDOS #: 4426134

4. 5-15-2017  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 49 Academy Street  
(Street Address of Principal Office)  
Skaneateles, NY  
13152

6. SAME  
(Mailing Address)

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

Name: Registered Agent Solutions, Inc.  
Office Address: 155 Office Plaza Dr. Suite A  
Tallahassee, Florida 32301  
(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.

Mackenzie Hart  
(Registered agent's signature) Mackenzie Hart, Assistant Secretary

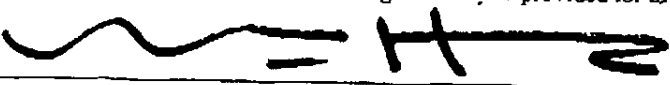
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	<u>William A. Hanbury</u>		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	<u>49 Academy St.</u>		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		<u>Skaneateles, NY</u>		<input type="checkbox"/> Authorized			
Person		<u>13152</u>		Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
FILED 2019 SEP 10 PM 3:23 CLERK OF DISTRICT COURT							
<input type="checkbox"/> Manager	Name:	<u>Valerie M. Hanbury</u>		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	<u>49 Academy St.</u>		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		<u>Skaneateles, NY 13152</u>		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.

  
\_\_\_\_\_  
Signature of an authorized person  
William A. Hanbury 9/10/19  
\_\_\_\_\_  
Typed or printed name of signee

# Biennial Statement

NYS Department of State  
Division of Corporations, State Records &  
Uniform Commercial Code  
<http://www.dos.ny.gov>

**BUSINESS NAME:** ACADEMY STREET COLLABORATION LLC

**FILING PERIOD:** 07/2019

**Part 1 - Service of Process Address (Address must be within the United States or its territories)**

Name ACADEMY STREET COLLABORATION LLC		
Address Line 1 49 ACADEMY STREET		
Address Line 2		
City SKANEATELES	State NY	Zip Code 13152

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TALLMAN STREET

## Signer Information

I affirm that the statements contained herein are true to the best of my knowledge, that I am authorized to sign this Biennial Statement and that my signature typed below constitutes my electronic signature.

Electronic Signature WILLIAM ARTHUR HANBURY
Capacity of Signer MANAGER

**FILED WITH THE NYS DEPARTMENT OF STATE ON: 07/16/2019**

**FILING NUMBER: 190716060193 - 4426134**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 7, 2019

WILLIAM A. HANBURY  
49 ACADEMY STREET  
SKANEATELES, NY 13152

SUBJECT: ACADEMY STREET COLLABORATION, LLC  
Ref. Number: W19000081509

We have received your document for ACADEMY STREET COLLABORATION, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 819A00018430



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 9, 2019

WILLIAM A. HANBURY  
49 ACADEMY STREET  
SKANEATELES, NY 13152

SUBJECT: ACADEMY STREET COLLABORATION , LLC  
Ref. Number: W19000073383

We have received your document for ACADEMY STREET COLLABORATION , LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

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

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.

Yvette Scott  
Document Specialist II

Letter Number: 919A00016440

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AUG 30 2019

Dear Florida DOS :

Enclosed find :

① A check for \$777.50 as requested in your letter of 8/19/19.

② The Certificate you requested dated August 22, 2019 from the State of NY, DOS.

③ Your original letter and my original information.

Please call me if you need

more info.

Thank



To: Yvette Scott

From: Bill Hanbury

RE: W19000081509

RECEIVED  
2019 SEP 10 AM 8:25  
2019 SEP 10 PM 3:25  
SEAL POST OFFICE  
TALLAHASSEE, FLORIDA

FAX # 850-245-6030

Yvette, Attached please find A  
signed copy of the document you still  
need to complete my registration  
as an LLC.

Please call me if you need any.

thing else (315-289-4948)

Thank you Bill

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

I hereby certify, that ACADEMY STREET COLLABORATION LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 07/02/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Biennial Statement was filed 07/25/2017.

A Biennial Statement was filed 07/16/2019.

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 22nd day of August  
two thousand and nineteen.

*Brendan C. Hughes*

Brendan C. Hughes  
Deputy Secretary of State

2019 SEP 10 PM 3:23  
SECRETARY OF STATE  
TALAMASSE, FRANK

# Academy Street Collaboration

Travel, Tourism and Event Advisory Services

VIA FAX NUMBER: 1-850-245-6030

## MEMORANDUM

TO: YVETTE SCOTT, Registration Section, Division of Corporations  
FROM: BILL HANBURY  
RE: ACADEMY STREET COLLABORATION, LLC  
DATE: SEPTEMBER 12, 2019

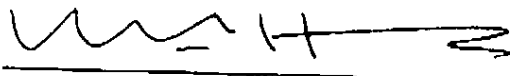
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TALLER, E. 11-2019

Yvette, thank you for your assistance concerning Academy Street Collaboration and the application for authorization to transact business in Florida.

On my application, which I had previously submitted, I should have left question #4 blank. Please revise the application to reflect this change to that specific question.

I appreciate your consideration on this matter.

Sincerely,



William A. Hanbury

Principal

Academy Street Collaboration, LLC

2019 SEP 12 AM 9:36

***STATE OF NEW YORK***  
***DEPARTMENT OF STATE***

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

2019 SEP 10 PM 3:23  
F-11.7-11  
SEC. of State, P.O. Box  
TALLAHASSEE, FL 32310



WITNESS my hand and official seal of the  
Department of State, at the City of Albany,  
on July 11, 2013.

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State