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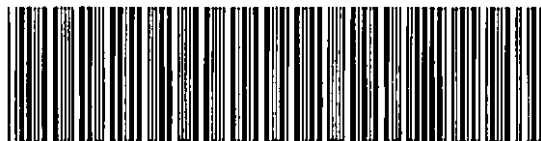
(Business Entity Name)

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2019 NOV -5 PM 12:40

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MFD Drive 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:

Michael Dalton

Name of Person

MFD Drive LLC

Firm/Company

1737 Union St Ste 139

Address

Schenectady NY 12309

City/State and Zip Code

mfd drivellc@gmail.com

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

For further information concerning this matter, please call:

Michael Dalton

518
at ()

596-5260

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

2016 OCT -5 PM 12:10

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

MFDJ Drive 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. Schenectady New York 3. 83-3099610
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1737 Union St STE 139 6. 1737 Union St STE 139
(Street Address of Principal Office) (Mailing Address)

Schenectady NY 12309 Schenectady NY 12309

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

Name: Caryl Gibson

Office Address: 192 Hillcrest Road

Santa Rosa Beach, Florida 32459
(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.



(Registered agent's signature)

2013.11.15 PM 12:40

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: Michael Dalton

☒ Member Address: 1737 Union St STE 139

☐ Authorized Schenectady NY 12308

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: John Dalton

☒ Member Address: 1737 Union St STE 139

☐ Authorized Schenectady NY 12309

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: David Dalton

☒ Member Address: 1737 Union St STE 139

☐ Authorized Schenectady NY 12309

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Forrest Dalton

☒ Member Address: 1737 Union St

☐ Authorized Schenectady NY 12309

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.



Signature of an authorized person

Michael R. Dalton

Typed or printed name of signer

State of New York
Department of State } ss:

I hereby certify, that MFD DRIVE LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/28/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.



2019 OCT -5 PM 12:40

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 24th day of October two
thousand and nineteen.*

Brendan C. Hughes

*Brendan C Hughes
Executive Deputy Secretary of State*