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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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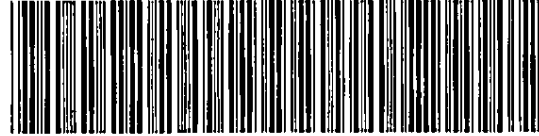
(Business Entity Name)

(Document Number)

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SBF
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INNOVATIVE APPLIED SCIENCES, 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:

ROBERT STIEGLER

Name of Person

INNOVATIVE APPLIED SCIENCES, LLC

Firm/Company

64 DALY ROAD

Address

EAST NORTHPORT, NEW YORK 11731

City/State and Zip Code

bstiegler@innovative-as.com

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

For further information concerning this matter, please call:

ROBERT STIEGLER

631

493-0740

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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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. INNOVATIVE APPLIED SCIENCES, LLC

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

NEW YORK

20-5619479

2. Jurisdiction under the law of which foreign limited liability company is organized

3. (EIT number, if applicable)

JANUARY 15, 2020

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

64 DALY ROAD

64 DALY ROAD

5. (Street Address of Principal Office)

6. (Mailing Address)

EAST NORTHPORT, NY 11731

EAST NORTHPORT, NY 11731

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

Name:

HUBCO REGISTERED AGENT SERVICES, INC

Office Address:

155 OFFICE PLAZA DR, 1ST FLOOR

TALLAHASSEE

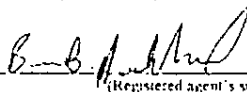
Florida 32301

(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.



(Registered agent's signature)

Bruce B. Hubbard, Pres.

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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: ROBERT STIEGLER	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 64 DALY ROAD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	EAST NORTHPORT, NY 11731	<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: BARRY TAILOR	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 4 MAX WAY	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	COMMACK, NY 11725	<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.

X 

Signature of an authorized person

ROBERT STIEGLER

Typed or printed name of signer

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State of New York
Department of State } ss:

I hereby certify, that INNOVATIVE APPLIED SCIENCES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/18/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



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*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 06th day of January two
thousand and twenty.*

Brendan C. Hughes

Brendan C Hughes
Executive Deputy Secretary of State