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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

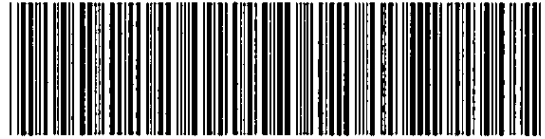
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2/11/20

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Duffy's - AIS, 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:

Wayne Stoutner

Name of Person

Duffy's - AIS, LLC

Firm/Company

80 White Marsh Ln

Address

Rotonda West, FL 33947

City/State and Zip Code

wayne@duffyais.com

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

For further information concerning this matter, please call:

Wayne Stoutner

Name of Contact Person

at ( 585 )

Area Code

703-4465

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

2003 JUN 24 PM 8:24

**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. Duffy's - AIS, 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 State 3. 82-4289412  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1/1/2020  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3138 Oneida St. 6. 3138 Oneida St.  
(Street Address of Principal Office) (Mailing Address)  
Sauquoit, NY 13456 Sauquoit, NY 13456

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

Name: Wayne Stoutner

Office Address: 80 White Marsh Ln

Rotonda West, FL, Florida 33947  
(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.*

Wayne Stoutner  
(Registered agent's signature)

2020 JAN 24 PM 8:24

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: Wayne Stoutner, CEO

☐ Member Address: 80 White Marsh Ln

☒ Authorized Rotonda West, FL 33947

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Patrick Duffy, President

☐ Member Address: 3138 Oneida St

☒ Authorized Sauquoit, NY 13456

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: Paul Glowacki, Vice President

☐ Member Address: 3190 Genesee St.

☒ Authorized Cheektowaga, NY 14225

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

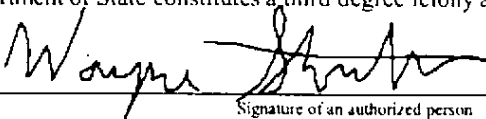
Person \_\_\_\_\_

☐ 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.

  
 \_\_\_\_\_  
 Signature of an authorized person

Wayne Stoutner

\_\_\_\_\_  
 Typed or printed name of signer

2021 JAN 24 PM 8:24

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

I hereby certify, that DUFFY'S-AIS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/18/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department.



2020 JAN 24 PM 8:24

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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