

## Division Corporations

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**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

10:

Division of Corporations  
Fax Number : (850) 617-6383

FROM:

Account Name : INCORE SERVICES INC  
Account Number : I20120000007  
Phone : (702)866-2500  
Fax Number : (702)866-2689

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: documents@incorp.com

**Foreign Limited Liability Company**  
**EMERLING, FLOSS, MURPHY & ASSOCIATES, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EMERLING, FLOSS, MURPHY & ASSOCIATES, 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:

Vincent Rojo

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. - Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

processing@incorp.com

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

For further information concerning this matter, please call:

Vincent Rojo on behalf of InCorp Services, Inc. at 800-246-2677

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

**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. EMERLING, FLOSS, MURPHY & ASSOCIATES, 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. 20-1269306

(FEI number, if applicable)

4. Upon Registration

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

5. 9092 Main Street

(Street Address of Principal Office)

6. 9092 Main Street

(Mailing Address)

Clarence, NY 14031

Clarence, NY 14031

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

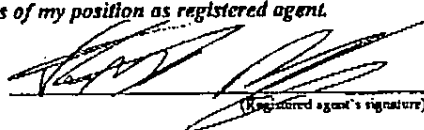
Loxahatchee, Florida 33470

(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)

Vincent Rojo on behalf of InCorp Services, Inc.

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>George Emerling</u>	<input type="checkbox"/> Manager	Name: <u>Mark Medole</u>
<input checked="" type="checkbox"/> Member	Address: <u>9092 Main Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>9092 Main Street</u>
<input type="checkbox"/> Authorized	<u>Clarence, NY 14031</u>	<input type="checkbox"/> Authorized	<u>Clarence, NY 14031</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Scott Medole</u>	 <input type="checkbox"/> Manager	Name: <u>Joseph Floss</u>
<input checked="" type="checkbox"/> Member	Address: <u>9092 Main Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>9092 Main Street</u>
<input type="checkbox"/> Authorized	<u>Clarence, NY 14031</u>	<input type="checkbox"/> Authorized	<u>Clarence, NY 14031</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Mary Murphy</u>	 <input type="checkbox"/> Manager	Name: <u>Dustin Emerling</u>
<input checked="" type="checkbox"/> Member	Address: <u>9092 Main Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>9092 Main Street</u>
<input type="checkbox"/> Authorized	<u>Clarence, NY 14031</u>	<input type="checkbox"/> Authorized	<u>Clarence, NY 14031</u>
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

George Emerling  
 \_\_\_\_\_  
 Typed or printed name of signor

**Florida Department of State**  
Registration Section  
Division of Corporations

Application by Foreign Limited Liability Company for  
Authorization to Transact Business in Florida

EMERLING, FLOSS, MURPHY & ASSOCIATES, LLC  
(Continued)

Item number 8 – Name, title or capacity and address of the person(s) who has/have  
authority to manage is/are:

Member	Sonny Graff 9092 Main Street Clarence, NY 14031
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Member	Jayce Wallace 9092 Main Street Clarence, NY 14031
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**State of New York**  
**Department of State** } ss:

I hereby certify, that BME ASSOCIATES, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 05/17/2004, and that the Limited Liability Company is existing so far as shown by the records of the Department.

A Certificate of Amendment BME ASSOCIATES, LLC, changing its name to EMERLING AGENCY, LLC, was filed 06/15/2004.

A Certificate of Amendment EMERLING AGENCY, LLC, changing its name to EMERLING, FLOSS, MURPHY & ASSOCIATES, LLC, was filed 05/06/2020.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 14th day of August two  
thousand and twenty.*

*Brendan C. Hughes*

Brendan C Hughes  
Executive Deputy Secretary of State