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(Business Entity Name)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LIFETIME BUILDERS 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:

Patrick McCann

Name of Person

Lifetime Builders LLC

Firm/Company

1405 30th St

Address

S.E. Ruskin FL 33570

City State and Zip Code

mccann.kelley@yahoo.com

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

For further information concerning this matter, please call

Patrick McCann

Name of Contact Person

at ( 845 ) 453-9063

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 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1 LIFETIME BUILDERS LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company", "LLC", or "LLC")

(Foreign name and/or alternate name(s) adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company", "LLC", or "LLC")

2 NEW YORK 3 47-222-1516  
(Place of formation under the law of which foreign limited liability company is organized) (EIT number, if applicable)

4 NOT started business yet until registered  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.001 & 605.003, F.S. to determine penalty liability)

5 2600 South Road 6 1405 30th St  
(Street Address of Principal Office) (Mailing Address)

Suite 414 S.E. Ruskin

Poughkeepsie NY 12601 FL 33570

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

Name: Registered Agents, Inc.

Office Address: 7901 6th St N Suite 300

St. Petersburg, Florida 33702  
(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.

Bill Hume  
(Registered agent's signature)

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>Patrick McCann</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1405 30th St</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>S.E. Ruskin</u>	<input type="checkbox"/> Authorized	_____
Person	<u>FL 33570</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>owner</u>	<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 _____
<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

PATRICK MCCANN

Typed or printed name of signer

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

I hereby certify, that LIFETIME BUILDERS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 10/31/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 08th day of September two  
thousand and twenty.*

*Brendan C. Hughes*

*Brendan C Hughes  
Executive Deputy Secretary of State*

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

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Brendan C Hughes  
Executive Deputy Secretary of State

Application by Foreign LLC for Authorization to  
Transact Business in Florida

Business name: Lifetime Builders LLC

Date formed: 10/31/2014 DOS ID 465 9520

Jurisdiction: New York, USA

Address: 66 Mulberry Lane,  
Milton, NY, 12547

OR mailing address:

2600 South Rd

#44

Poughkeepsie  
NY, 12601

mccann - Kelley @ yahoo . com OR  
e-mail : mccann p 33 @ gmail . com

Phone number: 845-453-9063 Patrick McCann  
(owner)

Florida address: 1405 30th St S.E.  
Ruskin,  
FL, 33570

Registered agent: Bill Hauve, 7901 4th St N Suite 300  
Management: Patrick McCann (Sole) St. Petersburg FL

Signed Patrick McCann

N.Y.S. DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS AND STATE RECORDS

ALBANY, NY 12231-0001

ONLINE FILING RECEIPT

ENTITY NAME: LIFETIME BUILDERS, LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM. LLC)

COUNTY: ULST

FILED: 10/31/2014 DURATION: \*\*\*\*\* CASH#: 141031010076 FILE#: 141031010076  
DOS ID: 4659520

FILER:

EXIST DATE

JOHN IANELLI  
804 ROUTE 9  
SUITE 2  
FISHKILL, NY 12524

10/31/2014

ADDRESS FOR PROCESS:

THE LIMITED LIABILITY COMPANY  
66 MULBERRY LANE  
MILTON, NY 12547

REGISTERED AGENT:



The limited liability company is required to file a Biennial Statement with the Department of State every two years pursuant to Limited Liability Company Law Section 301. Notification that the Biennial Statement is due will only be made via email. Please go to [www.email.ebiennial.dos.ny.gov](http://www.email.ebiennial.dos.ny.gov) to provide an email address to receive an email notification when the Biennial Statement is due.

SERVICE COMPANY: BLACKSTONE STATIONERS INC.-06  
SERVICE CODE: 06

FEE:	200.00	PAYMENTS	200.00
FILING:	200.00	CHARGE	0.00
TAX:	0.00	DRAWDOWN	200.00
PLAIN COPY:	0.00		
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## **ACKNOWLEDGEMENT COPY**

### **ARTICLES OF ORGANIZATION OF LIFETIME BUILDERS, LLC**

Under Section 203 of the Limited Liability Company Law

THE UNDERSIGNED, being a natural person of at least eighteen (18) years of age, and acting as the organizer of the limited liability company hereby being formed under Section 203 of the Limited Liability Company Law of the State of New York certifies that:

**FIRST:** The name of the limited liability company is:

**LIFETIME BUILDERS, LLC**

**SECOND:** To engage in any lawful act or activity within the purposes for which limited liability companies may be organized pursuant to Limited Liability Company Law provided that the limited liability company is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency, or other body without such consent or approval first being obtained.

**THIRD:** The county, within this state, in which the office of the limited liability company is to be located is **ULSTER**.

**FOURTH:** The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

THE LIMITED LIABILITY COMPANY  
66 MULBERRY LANE  
MILTON, NY 12547

**FIFTH:** The limited liability company is to be managed by: **ONE OR MORE MEMBERS**.

**SIXTH:** The limited liability company shall have a perpetual existence.

**SEVENTH:** The limited liability company shall defend, indemnify and hold harmless all members, managers, and former members and managers of the limited liability company against expenses (including attorney's fees, judgments, fines, and amounts paid in settlement) incurred in connection with any claims, causes of action, demands, damages, liabilities of the limited liability company, and any pending or threatened action, suit, or proceeding. Such indemnification shall be made to the fullest extent permitted by the laws of the State of New York, provided that such acts or omissions which gives rise to the cause of action or proceedings occurred while the Member or Manager was in performance of his or her duties for the limited liability company and was not as a result of his or her fraud, gross negligence, willful misconduct or a wrongful taking. The indemnification provided herein shall inure to the benefit of successors, assigns, heirs, executors, and the administrators of any such person.

I certify that I have read the above statements, I am authorized to sign these Articles of Organization, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.


SCOTT SCHUSTER, ORGANIZER (signature)

SCOTT SCHUSTER, ORGANIZER  
283 WASHINGTON AVENUE  
ALBANY, NY 12206

Filed by:  
JOHN IANELLI  
804 ROUTE 9  
SUITE 2  
FISHKILL, NY 12524

**BLACKSTONE STATIONERS INC. (06)**  
**DRAWDOWN**  
**CUSTOMER REF# 25173**

**ACKNOWLEDGEMENT COPY**



**EIN Assistant**

[View Progress](#)   
 [1 Identify](#)   
 [2 Authenticate](#)   
 [3 Addresses](#)   
 [4 Details](#)   
 [5 EIN Confirmation](#)

**Congratulations! The EIN has been successfully assigned.**

**EIN Assigned:** 47-2221316

**Legal Name:** LIFETIME BUILDERS LLC

The confirmation letter will be mailed to the applicant. This letter will be the applicant's official IRS notice and will contain important information regarding the EIN. Allow up to 4 weeks for the letter to arrive by mail.

We strongly recommend you print this page for your records.

Click "Continue" to get additional information about using the new EIN.

Help Topics

[Can the EIN be used before the confirmation letter is received?](#)

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