## M2100006674

(Re	equestor's Name)						
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	isiness Entity Nar	me)					
(Do	cument Number)						
Certified Copies	_ Certificates	s of Status					
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SECRETARY OF STATE

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'JUN - 3 2021 M. SOLOMON

## COVER LETTER

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TO: Registration Section Division of Corporations		
Cocomona	h Pains Co. LIC	
30bat.c1.	me of Limited Liability Company	-
1 1 1	inte of Patients Statement, Company	
The enclosed "Application by Foreign Limited Liabilit Existence, and check are submitted to register the above	ty Company for Authorization to Transact Business in Florida, we referenced foreign limited liability company to transact busi	," Certificate of iness in Florida.
Please return all correspondence concerning this matte	r to the following:	
Slatn	ce Greenaugh	_
Greengh	ie Greenough Name of Person Parry Lo. LIC	
<del></del>	Firm/Company	-
	,	F
72 Masters Com	ΛνΜ, Address	
	Address	
Queensbury , ny	1280 ( City/State and Zip Code	921 MAY 20 PH 12: 54
<u> </u>	City/State and Zip Code	
<u> </u>	General Com_ general of future annual report notification)	. 설명 <b>분</b>
D-man address. (to	e used of future annual report nonficeation)	
For further information concerning this matter, please	call:	
Keitia Suenond	at (S18) 747-812-2	
Name of Contact Person	Area Code Daytime Telephone Number	-
Mailing Address: Registration Section	Street Address: Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DI  \$125.00 Filing Fee \$130.00 Filing I  Certificate	EPARTMENT OF STATE	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1(Name of Foreign	Limited Liability Company; must	Yarry Co. 1 include "Linguisted Liability	Company," "L. L. C.," or	"I.I.C.")		
2	name adopted for the purpose of transaction in the purpose of tran	,		Limited Liability Company,"  -2872644  (FEI number, if applicable)	"L.L.C," or "LLC.")	
(Jurisdiction under the law of w	(Date first transacted business in 18ee sections 605,0904 & 605,0904			(FEI mumber, it applicable)		
5. 3519 Bug (Street Address of Principal Office)	ngu ane	05, F.S. to determine penalty I		is Churn:		
Hudoon Fall	my 12839		Queenobu	and the second s	ο <del>Υ</del>	3
7. Name and street address	ss of Florida registered agen	t: (P.O. Box <u>NOT</u> a	cceptable)		COLORAT 20	
Name:	Michael	<u>Greenough</u> Terrace	<u> </u>		PH 12:	
Office Address:	123 SW SIST 7	Errace_			1977 1.21	
	Cepe Coral	^m,)	, Florida	33914 ip code)		
designated in this applica to comply with the provisi	tance: gistered agent and to acception, I hereby accept the apions of all statutes relative to a firm position as registered.	pointment as registe to the proper and con ed agent.	red agent and agree	to act in this capaci	ty. I further ap	gree

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: Title or Capacity: Name and Address: □Manager □Manager Address: 77 Marten Member □Member □ Authorized □ Authorized Person Person MOther Ville Alent □Other\_\_\_\_\_ □Other □Other □Manager □Manager Name: \_\_\_ Name: ☐Member Address: □Member Address: □ Authorized □Authorized Person Person □Other □Other\_\_\_\_ □Other \_\_\_ □Other\_\_\_ □Manager Name: □Manager Name: Address: Address: □Member □Member □ Authorized □ Authorized Person Person □Other\_\_\_\_ □ Other \_\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

Typed or printed name of signer

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

I hereby certify, that GREENOUGH PAVING CO. LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 03/18/2008, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 26th day of February two thousand and twenty-one.

Brada C Hylan

Brendan C Hughes
Executive Deputy Secretary of State



May 6, 2021

BEATRICE GREENOUGH GREENOUGH PAVING CO LLC 3519 BURGOYNE AVE HUDSON FALLS, NY 12839

SUBJECT: GREENOUGH PAVING CO LLC

Ref. Number: W21000062586

We have received your document for GREENOUGH PAVING CO LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$72.50.

The form you submitted is for a a Foreign Corporation, but your entity is a a Foreign Limited Liability Company. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 021A00009544

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