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(Re	equestor's Name)	
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(Do	ocument Number)	
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08/09/21--01019--011 **125.00





COVER LETTER

TO:

13640 Worthington LLC	
Nam	e of Limited Liability Company
	Company for Authorization to Transact Business in Florida," Certification for Certification of Certification of Certification (Certification) and Certification (Certification)
eturn all correspondence concerning this matter t	o the following:
Mario P. Urso	
····	Name of Person
13640 Worthington LLC	
	Firm/Company
3 Farm Field Lane	
	Address
Pittsford, NY 14534	
C	City/State and Zip Code
murso@bonadio.com	
E-mail address: (to be	e used for future annual report notification)
her information concerning this matter, please ca	II:
Mario P. Urso	585 750-5895
Name of Contact Person	at () Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	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:	



August 12, 2021

MARIO P URSO 3 FARM FIELD LN PITTSFORD, NY 14534

SUBJECT: 13640 WORTHINGTON LLC

Ref. Number: W21000111410

We have received your document for 13640 WORTHINGTON LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

See attacked

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux Regulatory Specialist II

Letter Number: 721A00019163

www.sunbiz.org

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

IN COMPLIANCE WITH SECTION 405.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	C Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "L	LC ")	
(II) name unavailable, enter alternate	name adopted for the purpose of transacting business in F	forida. The alternate name must methole "Li	mited Liability Company ""LLC " or "LC	
New York		87-1708715		
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)		
September 1, 2021				
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liability)		
3 Farm Field Lane		3 Farm Field Lane		
(Street Address of Principal Office)		6(Mailing Address)		
Pittsford, NY 14534	-	Pittsford, NY 14534		
			···; 2	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	SEP -	
Name:	Mario P. Urso			
Office Address:	23248 Sanabria Loop		D #M 11: 26 ************************************	
	Bonita Springs	34135		
	(City)	, Florida (Zip v	ode)	

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)

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	Name: Mario P. Urso	□Manager	Name: Mario W. Urso
■Member	Address: 3 Farm Field Lane	■Member	Address: 3 Farm Field Lane
□Authorized	Pittsford, NY 14534	□Authorized	Pittsford, NY 14534
Person		Person	- <u>-</u>
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other		□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□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. 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.

man	3.	Um	
-		Signature of an authorized person	· ·
Mario P. Urso			

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:

13640 WORTHINGTON LLC

DOS ID Number:

6229293

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

EXISTING

Date of Initial Filing with DOS:

07/27/2021

Statement Status:

CURRENT

Statement Due Date:

07/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on August 23, 2021 at 03:28 P.M.

Brandon C Hughan

ROSSANA ROSADO, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100000268901 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov