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S. FRANKLIN NCT 14 2022

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 10/13/22

WALK IN

1072 6- 7 13 F. 5: 18

ENTITY NAME ONE REMINGTON LLC

DOCUMENT NUMBER_____

PLEASE FILE THE ATTACHED AND RETURN

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Plain Copy Certified Copy Certificate of Status

### **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**

Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status Certificate of Status Reflecting: _____

## **APOSTILLE' / NOTARIAL CERTIFICATION**

TOTAL OWED \$ 155	ACCOUNT # 120140 United Corporate Services, Inc.	1000108 Keith Keppan
Please call Tina at the above number for any		

### 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. ONE REMINGTON, 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 Fl	orida. The	alternate name must include "Limited Liability Comp	any," "L.L.C," or "LLC."
2. New York (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	63-2696886 (FEI number, if applica	blei
4. Upon tiling	(Date first transacted business in Florida, if prior to a {See sections 605,0904 & 605,0905, F.S. to determi	registration ne penalty	) liability)	
5. 466 East Brighton Avenue, S (Street Address of Principal Office)	uite 100	6.	466 East Brighton Avenue, Suite 100 (Mailing Address)	
Syracuse, New York 13210			Syrakuso, New York 13210	1611.0
7. Name and street addres	ss of Florida registered agent: (P.O. Box	<u>NOT</u> a	acceptable)	2 2: 1: 12 11: 12
Name:	United Corporate Services, Inc.			
Office Address:	3458 Lakeshore Drive			
	Tallahassee	_	. Florida	
	(Cuy)		(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.

/s/ Michael A. Barr, President

(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: Gregory A. Cleghorn	□Manager Name: Colin P. Cleghorn	
ØMember	Address: 466 East Brighton Avenue, Suite 100	ØMember	Address: 466 East Brighton Avenue, Suite 100
□Authorized	Syracuse, New York 13210	□Authorized	Syracuse, New York 13210
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		Authorized	
Person		Person	
□Other	Other	Other	
			-12
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.

### /s/ Gregory A. Cleghorn

Signature of an authorized person

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#### STATE OF NEW YORK

### DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, 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:	ONE REMINGTON, LLC
DOS ID Number:	5450487
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	11/29/2018
Statement Status:	CURRENT
Statement Due Date:	11/30/2022

I certify that the following is	a list of documents on file in the Department of State for said entity:	2012 (
Document Type:	ARTICLES OF ORGANIZATION	 دن
Date of Filing:	11/29/2018	5
Entity Name:	ONE REMINGTON, LLC	2 <u>.0</u>
Document Type:	CERTIFICATE OF PUBLICATION	<del>60</del>
Date of Filing:	02/20/2019	
Document Type:	CERTIFICATE OF CHANGE	
Date of Filing:	03/26/2019	
Document Type:	BIENNIAL STATEMENT	
Date of Filing:	03/18/2021	
Effective Date:	11/01/2020	

Above space is left blank intentionally.

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 July 15, 2022 at 12:32 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughen

By Brendan C. Hughes Executive Deputy Secretary of State

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