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S. FRANKLIN FEB 0 2 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 425993 8020075

AUTHORIZATION :

COST LIMIT : \$125.0

ORDER DATE: February 1, 2023

ORDER TIME : 2:46 PM

ORDER NO. : 425993-005

CUSTOMER NO: 8020075

FOREIGN FILINGS

NAME: MOSAIC ACCOUNTING, LLC

XXXX_ QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	Mosaic Accounting, LLC	
	Name of Limited Liability Company	
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida,", and check are submitted to register the above referenced foreign limited liability company to transact business.	
Please r	urn all correspondence concerning this matter to the following:	
	Maria E Suppa	
	Name of Person	
	Mosaic Accounting, LLC	
	Firm/Company	r.
	126 Business Park Drive	
	Address	
	Utica NY 13502	
	City/State and Zip Code	
	msuppa@rphc.com	,.
	E-mail address: (to be used for future annual report notification)	·
For furt	r information concerning this matter, please call:	
	Maria E Suppa 315 272-2120	
	Name of Contact Person Area Code Daytime Telephone Number	
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	
	Inclosed is a check for the following amount: lease make check payable to: FLORIDA DEPARTMENT OF STATE 3 \$125.00 Filing Fee	

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

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABL COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Mosaic Accounting, 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 "L.L.C.") 56-2643120 (Junisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 02/01/23 (Date first transacted business in Florida, if prior to registration.) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability). 126 Business Park Drive 126 Business Park Drive (Mailing Address) (Street Address of Principal Office) Utica, NY 13502 Utica NY 13502 7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Corporation Service Company Name: 1201 Hays Street Office Address:

Registered agent's acceptance:

Tallahassee

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.

. Florida

By: William Assistant va president

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorize manage [up to six (6) total]: Title or Capacity: Title or Capacity: Name and Address: Name and Address: Maria E Suppa Name: Melissa Gordon ■ Manager **■**Manager Address: _____ Address: _____ Park Drive □Member □Member Utica NY 13502 Utica NY 13502 ☐ Authorized ☐ Authorized Person Person □Other_____ □Other___ □Other □Other____ Steve Surace Name: ■Manager □Manager 126 Business Park Drive □Member Address: _____ Utica NY 13502 □ Authorized □ Authorized Person Person Other____ 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. 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 out 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. Maria Suppa

Signature of an authorized person

Typed or printed name of signee

Maria E Suppa



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MOSAIC ACCOUNTING, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE FIRST DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOSAIC

ACCOUNTING, LLC" WAS FORMED ON THE THIRTEENTH DAY OF FEBRUARY, A.D.

2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202623452

Date: 02-01-23