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SECRETARY OF STATE
TALLAHASSEE, FL

5/12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: From Buffalo Holdings 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

Please return all correspondence concerning this matter to the following:

Michael Sobotha
Name of Person

From Buffalo Holdings LLC
Firm/Company

2343 Broadway St.
Address

Buffalo NY 14212
City/State and Zip Code

Mike P. ~~at~~ realteamconsulting.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE

For further information concerning this matter, please call:

Michael Sobotha at (941) 524 - 3650
Name of Contact Person 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

check #1621

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIM
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. From Buffalo Holdings LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. New York State, Erie County
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. 11/1/2022
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2343 Broadway St
(Street Address of Principal Office)

6. 2343 Broadway St
(Mailing Address)

Buffalo NY 14212

Buffalo NY 14212

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

Name: Michael Sobotta

Office Address: 7125 Fruitville Rd - Site 1335 Michigan Dr.

Sarasota, Florida 34240
(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 as 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.

M. Sobotta
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Michael Sobotka

☐ Member Address: 2343 Broadway St

☐ Authorized Buffalo NY 14212

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Daniel Ca

☐ Member Address: 2343 Broa

☒ Authorized Buffalo NY 1421

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only; 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 record jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate 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.

M. Sobotka

Signature of an authorized person

Michael Sobotka

Typed or printed name of signer

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 in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date of this certificate, the following entity information is reflected:

Entity Name: FROM BUFFALO HOLDINGS LLC
DOS ID Number: 4612774
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 07/28/2014

Statement Status: CURRENT
Statement Due Date: 07/31/2022

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SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

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 January 13, 2023 at 10:06

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State