

M240000067089

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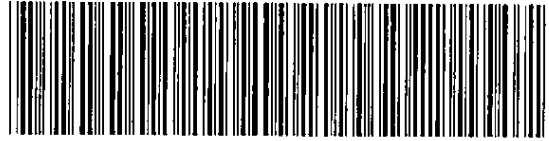
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 05 2024

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DATE: 06/04/2024

NAME: SCHERZI SYSTEMS LLC

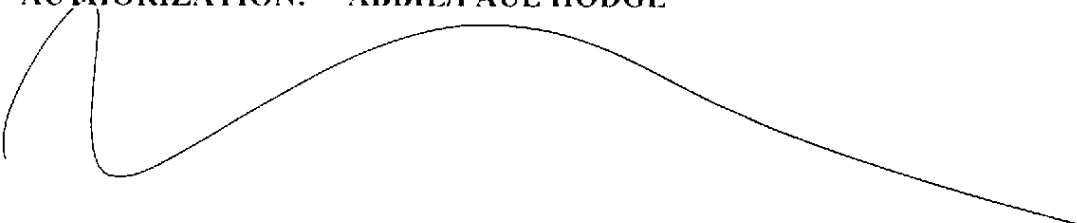
TYPE OF FILING: APPLICATION

COST: 155.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SCHERZI SYSTEMS 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 in Florida.

Please return all correspondence concerning this matter to the following:

Linda A. McLean, Paralegal

Name of Person

Hancock Estabrook, LLP

Firm/Company

100 Madison Street, 1800 AXA Tower I

Address

Syracuse, New York 13202

City/State and Zip Code

dana@scherzisystems.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda A. McLean

Name of Contact Person

315

at ()

Area Code

565-4722

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

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. Scherzi Systems 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 "LLC.")

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

3. _____
(FEI number, if applicable)

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

5. 5818 East Molloy Road
(Street Address of Principal Office)

6. 5818 East Molloy Road
(Mailing Address)

Syracuse, New York 13211

Syracuse, New York 13211

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

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, Florida 32303-3230
(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 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.

Jody Mousa, Assistant Secretary
(Registered agent's signature)

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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:**

☒ Manager Name: Dana Scherzi

☒ Member Address: 5818 East Molloy Road

☐ Authorized Syracuse, New York 13211

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: James Scherzi

☒ Member Address: 5818 East Molloy Road

☐ Authorized Syracuse, New York 13211

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

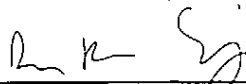
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. 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.



Signature of an authorized person

Dana Scherzi

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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:	SCHERZI SYSTEMS LLC
DOS ID Number:	4092951
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	05/11/2011
Statement Status:	CURRENT
Statement Due Date:	05/31/2025

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:	ARTICLES OF ORGANIZATION
Date of Filing:	05/11/2011
Entity Name:	SCHERZI SYSTEMS LLC

Document Type:	CERTIFICATE OF CHANGE
Date of Filing:	03/24/2014

Document Type:	BIENNIAL STATEMENT
Date of Filing:	09/04/2014
Effective Date:	05/01/2013

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/26/2015
Effective Date: 05/01/2015

Document Type: BIENNIAL STATEMENT
Date of Filing: 04/02/2019
Effective Date: 05/01/2017

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/03/2019
Effective Date: 05/01/2019

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/04/2020
Effective Date: 05/01/2019

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/04/2021
Effective Date: 05/01/2021

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 12/14/2021

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/01/2023

Document Type: CERTIFICATE OF PUBLICATION
Date of Filing: 10/11/2023

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 June 03, 2024 at
04:52 P.M.



WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State