

M24000015479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

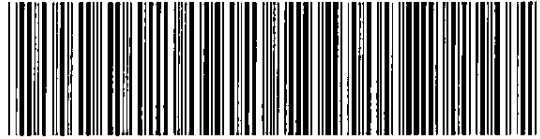
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W24-158979 penalty

Office Use Only



200439537182

APPROVED  
AND  
FILED

2024 DEC -4 AM 10:50

CLERK OF STATE  
JANUARY 1, 2024

RECEIVED

2024 DEC -4 PM 12:00

CLERK OF STATE  
JANUARY 1, 2024

DEC 12 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2024

CT CORP

SUBJECT: TURNING STONE ENTERPRISES, LLC  
Ref. Number: W24000158979

**CORRECTED**  
Please Allow For  
Same File Date

*Please  
See  
Letter*

We have received your document for TURNING STONE ENTERPRISES, LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1,887.50.

The total amount due is \$2042.50.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 824A00026245

2024 DEC 11 AM 11:02

RECEIVED



TURNING STONE  
ENTERPRISES

BRYAN MIGNONE  
DEPUTY GENERAL COUNSEL

DIRECT EMAIL: (315) 861-8067  
EMAIL: [Bmignone@turningstone.org](mailto:Bmignone@turningstone.org)

December 10, 2024

Florida Department of State  
Division of Corporations, Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Turning Stone Enterprises, LLC Application by a Foreign Limited Liability Company for Authorization to Transact Business in Florida, Ref. Number W24000158979

Dear Sir or Madam:

I am writing to resolve an error in Turning Stone Enterprises, LLC's recent filing to transact business in the State of Florida.

The Application by a Foreign Limited Liability Company for Authorization to Transact Business in Florida that was initially submitted for filing by Turning Stone Enterprises, LLC on December 4, 2024 contained a typo in Section 4 that erroneously indicated that the date the entity first transacted business in Florida was October 14, 2014 instead of October 14, 2024. The date has been corrected in the enclosed new application.

Please let me know if you need anything further to resolve this matter, complete the filing, and remove the reporting and penalty fees from the account.

Very truly yours,

Bryan Mignone

Enclosure

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 12/04/2024

Acc#I20160000072

*en: c DW*

Name:	Turning Stone Enterprises, LLC
Document #:	
Order #:	16013605

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**

Thank you!

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Turning Stone Enterprises, 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:

Bryan Mignone, Deputy General Counsel

Name of Person

Turning Stone Enterprises, LLC

Firm/Company

5218 Patrick Road

Address

Verona, NY 13478

City/State and Zip Code

bmignone@oneida-nation.org

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

For further information concerning this matter, please call:

Bryan Mignone

315

361-8037

at ( )

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

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. Turning Stone Enterprises, L.L.C.  
(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. Oncida Indian Nation, a sovereign Indian nation 3. 06-182149-4  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. October 14, 2024  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2037 Dream Catcher Plaza 6. 2037 Dream Catcher Plaza  
(Street Address of Principal Office) (Mailing Address)  
Oncida, NY 13421 Oncida, NY 13421

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

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(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.

By: C T Corporation System Eugene Hulman  
(Registered agent's signature)

APPROVED  
AND  
FILED  
2024 DEC -4 AM 10:50  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
DADE, FLORIDA

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Arthur R. Halbritter</u>	<input type="checkbox"/> Manager	Name: <u>Peter D. Carmen</u>
<input type="checkbox"/> Member	Address: <u>8661 Maple Flats Road</u>	<input type="checkbox"/> Member	Address: <u>7036 Highfield Road</u>
<input checked="" type="checkbox"/> Authorized	<u>Cleveland, NY 13402</u>	<input checked="" type="checkbox"/> Authorized	<u>Fayetteville, NY 13066</u>
Person	<u>Chief Executive Officer</u>	Person	<u>Chief Operating Officer</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Meghan Murphy Beakman</u>	<input type="checkbox"/> Manager	Name: <u>Robert Fetterman</u>
<input type="checkbox"/> Member	Address: <u>125 Marangale Road</u>	<input type="checkbox"/> Member	Address: <u>9 Hickory Lane</u>
<input checked="" type="checkbox"/> Authorized	<u>Manlius, NY 13104</u>	<input checked="" type="checkbox"/> Authorized	<u>Cazenovia, NY 13035</u>
Person	<u>General Counsel &amp; SVP Administration</u>	Person	<u>Senior Vice President for Finance</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Peter D. Carmen, Chief Operating Officer

\_\_\_\_\_  
 Typed or printed name of signer

# ONEIDA INDIAN NATION



## ONEIDA INDIAN NATION HOMELANDS

### CERTIFICATE OF GOOD STANDING

I, Kim Jacobs, the duly appointed and qualified Clerk of the Oneida Indian Nation, a sovereign Indian nation ("Nation"), do hereby certify that I am, by the laws of the Nation, the custodian of the records relating to filings by corporations, limited liability companies, limited partnerships, and business trusts pursuant to the applicable code of the Nation.

I further certify that the records of the Nation, as of the date of this certificate, evidence that **TURNING STONE ENTERPRISES, LLC** is a governmental instrumentality organized by, and existing under the laws of, the Nation in the form of a limited liability company since June 12, 2007 and is in good standing.

12/3/2024

(date)

A handwritten signature in cursive script, appearing to read "Kim Jacobs", written over a horizontal line.

Kim Jacobs  
Clerk – Oneida Indian Nation