

MAH00015648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

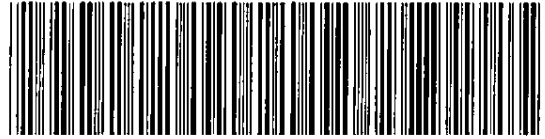
(Business Entity Name)

(Document Number)

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

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T. LEMIEUX

DEC 16 2024

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Avarint, 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:

Jennifer Szczublewski

\_\_\_\_\_  
Name of Person

Avarint, LLC

\_\_\_\_\_  
Firm/Company

4455 Genesee Street, Suite 106

\_\_\_\_\_  
Address

Buffalo, NY 14225

\_\_\_\_\_  
City/State and Zip Code

Taxaccounts@avarint.com

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

For further information concerning this matter, please call:

Jennifer Szczublewski

716

204-5223

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. Avarint, 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 3. 46-4068614  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/28/2024  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4455 Genesee Street 6. 4455 Genesee Street  
(Street Address of Principal Office) (Mailing Address)


Suite 106 Suite 106  
Buffalo, NY 14225 Buffalo, NY 14225

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

Name: InCorp Services, Inc.  
Office Address: 3458 Lakeshore Drive  
Tallahassee, Florida 32312  
(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.

 Melanie Galero on behalf of InCorp Services, Inc.  
(Registered agent's signature)

2024 NOV 13 PM 1:00

FILED



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: Thomas McMahon

☐ Member                      Address: 4455 Genesee Street, Ste 106

☒ Authorized                      Buffalo, NY 14225

Person                      President & CEO

☐ Other                      ☐ Other

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

☐ Manager                      Name: Tracy E. Gertz

☐ Member                      Address: 4455 Genesee Street, Ste 106

☒ Authorized                      Buffalo, NY 14225

Person                      Sr. VP Finance, HR, Admin, CFO

☐ Other                      ☐ Other

☐ Manager                      Name: Michael Moskal

☐ Member                      Address: 4455 Genesee Street, Ste 106

☒ Authorized                      Buffalo, NY 14225

Person                      Sr. VP Info. Exploitation & CIO

☐ Other                      ☐ Other

☐ Manager                      Name: Timothy Wadhams

☐ Member                      Address: 4455 Genesee Street, Ste 106

☒ Authorized                      Buffalo, NY 14225

Person                      VP CUBRC Aerosciences

☐ Other                      ☐ Other

☐ Manager                      Name: Eric C. Barsalou

☐ Member                      Address: 4455 Genesee Street, Ste 106

☒ Authorized                      Buffalo, NY 14225

Person                      VP C4ISR

☐ Other                      ☐ Other

☐ Manager                      Name: Paul Lanigan

☐ Member                      Address: 4455 Genesee Street, Ste 106

☒ Authorized                      Buffalo, NY 14225

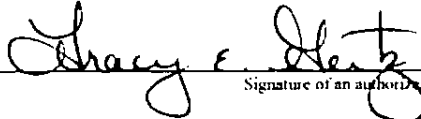
Person                      VP of Contract and Legal

☐ 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

TRACY E. GERTZ  
\_\_\_\_\_  
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:	AVARINT, LLC
DOS ID Number:	4483840
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	11/07/2013
Statement Status:	CURRENT
Statement Due Date:	11/30/2025

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

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Document Type:	ARTICLES OF ORGANIZATION
Date of Filing:	11/07/2013
Entity Name:	AVARINT, LLC

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Document Type:	CERTIFICATE OF PUBLICATION
Date of Filing:	01/09/2014

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Document Type:	BIENNIAL STATEMENT
Date of Filing:	02/13/2024

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 October 28, 2024 at  
11:14 A.M.



WALTER T. MOSLEY  
Secretary of State

*Brendan C. Hughes*

BRENDAN C. HUGHES  
Executive Deputy Secretary of State

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