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2007 MAR -2 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Hampton MAR - 6 2007

## COVER LETTER

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

**SUBJECT:** Algonquin Group, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Billinson & Associates  
Name (Printed or typed)

342 S. Salina Street, Suite 300  
Address

Syracuse, NY 13202  
City, State & Zip

(315) 471-6265  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**Craig J. Billinson & Associates  
Attorneys & Counselors at Law**

---

342 S. Salina Street  
Suite 300  
Syracuse, New York, 13202  
Phone: (315) 471-6265  
Facsimile: (315) 474-3153\*

\* Not for service of process

Craig J. Billinson  
John J. Connor

February 7, 2007

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

**Re: Algonquin Group, Inc.**

Dear Sir/Madam:

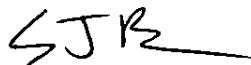
Please file the enclosed Certificate of Incorporation and backer/cover sheet for Algonquin Group, Inc. with the Department of State.

Also enclosed is Credit Card Authorization Form to cover the filing fee of \$70.00 and \$8.75 for a copy of the Certificate of Incorporation.

Once filed, please provide me with a Filing Receipt and a copy of the filed Certificate of Incorporation.

If there are any questions, please call me. Thank you for your assistance with this matter.

Very truly yours,  
**Law Offices of Billinson & Associates**



Craig J. Billinson

CJB/tmc  
Enclosures

\\Corp\AlgonquinGroup\Incorporation Forms\NYSDep't of State

**Email addresses:**

Craig J. Billinson: [cbillinson@bwattorneys.com](mailto:cbillinson@bwattorneys.com)  
John J. Connor: [jconnor@bwattorneys.com](mailto:jconnor@bwattorneys.com)

Heather L. Erikson: [herikson@bwattorneys.com](mailto:herikson@bwattorneys.com)  
Tanya M. Crandall: [tcrandall@bwattorneys.com](mailto:tcrandall@bwattorneys.com)  
Heather M. Mitchell: [hmittell@bwattorneys.com](mailto:hmittell@bwattorneys.com)

**Craig J. Billinson & Associates**  
**Attorneys & Counselors at Law**

342 S. Salina Street, Suite 300  
Syracuse, New York, 13202  
Phone: (315) 471-6265  
Facsimile: (315) 474-3153\*

\* Not for service of process

Craig J. Billinson  
John J. Connor

February 26, 2007

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

**Re: Algonquin Group, Inc.**

Dear Sir/Madam:

Following up to your letter to me dated February 13, 2007 (copy enclosed) please file the enclosed Certificate of Incorporation and backer/cover sheet and the Certificate of Designation of Registered Agent/Registered Office for Algonquin Group, Inc. with the Department of State.

Also enclosed is check #6309 to cover the filing fee of \$35.00, the Registered Agent Designation of \$35.00, Certified copy of \$8.75 and \$8.75 for a copy of the Certificate of Status.

Once filed, please provide me with a Filing Receipt and a copy of the filed Certificate of Status.

If there are any questions, please call me. Thank you for your assistance with this matter.

Very truly yours,

**Law Offices of Billinson & Associates**

  
Craig J. Billinson

CJB/tmc  
Enclosures

1 Corp/Algonquin Group Incorporation Forms NYSDep of State

|                  |  |   |
|------------------|--|---|
| Email addresses: | Craig J. Billinson: <a href="mailto:cbillinson@bwattorneys.com">cbillinson@bwattorneys.com</a> | Heather L. Erikson: <a href="mailto:herikson@bwattorneys.com">herikson@bwattorneys.com</a>    |
|                  | John J. Connor: <a href="mailto:jconnor@bwattorneys.com">jconnor@bwattorneys.com</a>           | Tanya M. Crandall: <a href="mailto:tcrandall@bwattorneys.com">tcrandall@bwattorneys.com</a>   |
|                  |  | Heather M. Mitchell: <a href="mailto:hmitchell@bwattorneys.com">hmitchell@bwattorneys.com</a> |



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2007

CRAIG J BILLINSON, ATTORNEY  
342 S SALINA ST  
STE 300  
SYRACUSE, NY 13202

SUBJECT: ALGONQUIN GROUP, INC.  
Ref. Number: W07000007459

We have received your document for ALGONQUIN GROUP, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

|                              |         |
|------------------------------|---------|
| Filing Fees                  | \$35.00 |
| Registered Agent Designation | \$35.00 |
| Certified Copy               | \$8.75  |
| Certificate of Status        | \$8.75  |

The registered agent must sign accepting the designation.

Please return the original and one copy of 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) 245-6855.

Tammy Hampton  
Document Specialist  
New Filing Section

Letter Number: 107A00010875

RECEIVED  
07 MAR - 2 PM 2:20  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF INCORPORATION**

**OF**

**THE ALGONQUIN GROUP, INC.**

Under Chapter 607 and/or Chapter 621 F.S.,

**IT IS HEREBY CERTIFIED THAT:**

1. The Name of the Corporation is:

**The Algonquin Group, Inc.**

2. The principal place of business/mailling address is:

411 Walnut Street #3887  
Green Cove Springs, FL 32043

3. The purpose of the Corporation is to engage in any lawful act or activity for which Corporations may be organized pursuant to Chapter 607 and/or Chapter 621 of the State of Florida. The Corporation is not to engage in any act or activity requiring any consents or approvals by law without such consent or approval first being obtained.

4. The number of shares which the Corporation shall have the authority to issue is 200 at no par value.

5. The name of the officer and address of the Corporation is Leslie A. Sturzenberger residing in Clay County, State of Florida, at 411 Walnut Street #3887, Green Cove Springs, FL 32043.

6. Leslie A. Sturzenberger is designated as agent of the Corporation upon whom process against it may be served. The address to which the Secretary of State shall mail a copy of any process against the Corporation served upon her is:

411 Walnut Street #3887  
Green Cove Springs, FL 32043


7. The name and address of the Incorporator is Leslie A. Sturzenberger residing at:

411 Walnut Street #3887  
Green Cove Springs, FL 32043

The undersigned incorporator is of the age of eighteen years or older.

**FILED**  
**2001 MAR -2 AM 9:01**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

IN WITNESS WHEREOF, this Certificate has been subscribed this 5 day of Feb, 2007 by the undersigned who affirms that the statements made herein are true under the penalties of perjury.

  
Leslie A. Sturzenberger, Incorporator  
411 Walnut Street #3887  
Green Cove Springs, FL 32043

STATE OF New York )  
COUNTY OF Onondaga ) SS.:

On the 5th day of February in the year 2007 before me, the undersigned, personally appeared Leslie A. Sturzenberger, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

CRAIG J. BILLINSON  
Notary Public in the State of New York  
Qualified in Onondaga County  
No. 4758216  
My Commission Expires June 30, 2010

  
NOTARY PUBLIC

Corp\Sturzenb\Certif.Inc

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the Corporation is:

Algonquin Group, Inc.

2. The name and address of the registered agent and office is:

Leslie A. Sturzenberger

(Name)

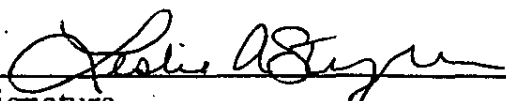
411 Walnut Street #3887

(P.O. Box NOT acceptable)

Green Cove Springs, FL 32043

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature

2/5/07  
Date