

F24000003428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

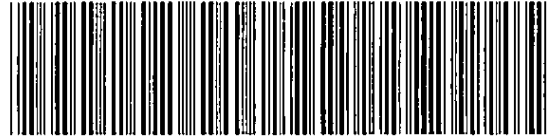
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED

2024 JUN 25 AM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 26 2024

K. Brumbley



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext:
Date: 06/20/24
Order #: 1530229-1
Re: NEW YORK STATE TECHNOLOGY ENTERPRISE CORPORATION
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.00 - FL State Account Number:

I20000000195

AUTH

A handwritten signature in cursive script, appearing to read 'Amanda Miller', is written over the text 'I20000000195' and 'AUTH'.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New York State Technology Enterprise Corporation
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Jasminka Husic

Name of Person

New York State Technology Enterprise Corporation

Firm/Company

99 Otis Street

2nd Floor

Address

Rome, NY 13441

City/State and Zip Code

jhusic@nystec.com

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

For further information concerning this matter, please call:

Jasminka Husic

Name of Person

at (315) 223-9199
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**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

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

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. New York State Technology Enterprise Corporation

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 16-1521105
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/22/1996 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 99 Otis Street, 2nd Floor, Rome, NY 13441
(Principal office street address)

(Current mailing address, if different)

8. Technology consulting services
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

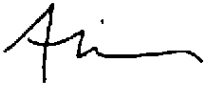
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Corporation Service Company
Office Address: 1201 Nays Street
Tallahassee, Florida 32301
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Corporation Service Company

By: 

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name: William Pirillo
☐ Vice Chairman Address: 99 Otis, Rome NY 13441
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

☐ Chairman Name: Kevin Owens
☐ Vice Chairman Address: 99 Otis, Rome NY 13441
☐ Director
☒ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

☐ Chairman Name: Jasminka Husic
☐ Vice Chairman Address: 99 Otis, Rome NY 13441
☐ Director
☐ President
☐ Vice President
☐ Secretary ☒ Treasurer
☐ Other: ☐ Other:

☐ Chairman Name: Glinnesa Gailliard
☐ Vice Chairman Address: 99 Otis, Rome NY 13441
☐ Director
☐ President
☐ Vice President
☒ Secretary ☐ Treasurer
☐ Other: ☐ Other:

☐ Chairman Name: Thomas Triscari
☐ Vice Chairman Address: 99 Otis, Rome NY 13441
☒ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

☐ Chairman Name: Saleem Cheeks
☐ Vice Chairman Address: 99 Otis, Rome NY 13441
☒ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

See Attachment for additional directors

NOTE: 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.

13. Jasminka Husic
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jasminka Husic, Treasurer
(Typed or printed name and capacity of person signing application)

← Attachment to main form

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Scott McCartney

☐ Vice Chairman Address: 99 Otis, Rome NY 13441

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Lisa Marrello

☐ Vice Chairman Address: 99 Otis, Rome NY 13441

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Donald Hanson

☐ Vice Chairman Address: 99 Otis, Rome NY 13441

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Heather Dussault

☐ Vice Chairman Address: 99 Otis, Rome NY 13441

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Kimberly Boynton

☐ Vice Chairman Address: 99 Otis, Rome NY 13441

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Maureen O'Brien

☐ Vice Chairman Address: 99 Otis, Rome NY 13441

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other: _____ ☐ Other: _____

NOTE: 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.

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Jasminka Husic, Treasurer
(Typed or printed name and capacity of person signing application)

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: NEW YORK STATE TECHNOLOGY ENTERPRISE CORPORATION
DOS ID Number: 2077008
Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 10/22/1996

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 12, 2024 at 02:24 P.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State