

4/14/2021

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

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Fax Number : (954)567-3401

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kyah@api-processing.com

2021 APR 19 PM 3:08
SECRETARY OF STATE
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2021 APR 19 AM 10:56

FOREIGN PROFIT/NONPROFIT CORPORATION
Castle Ridge Construction Inc.

Certificate of Status	0
Certified Copy	0
Page Count	5
Estimated Charge	\$70.00

Handwritten signature

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April 15, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

API PROCESSING

SUBJECT: CASTLE RIDGE CONSTRUCTION INC.
REF: W21000051277

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

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.

Sharon D Franklin
Regulatory Specialist II

FAX Aud. #: H21000148555
Letter Number: 521A00007826

Page 3 of 6

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Castle Ridge Construction Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. New Jersey 3. 22-3741931
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 19, 2000 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 10 Rip Rap Road, Bernardsville, NJ 07924
(Principal office street address)
10 Rip Rap Road, Bernardsville, NJ 07924
(Current mailing address, if different)

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

Name: Matthew S. DeCristofaro

Office Address: 2160 Oyster Bay Drive

Vero Beach, Florida 32963
(City) (Zip code)

2021 APR 19 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

9. 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.

[Signature]
(Registered agent's signature)

10. 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.

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

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A. DIRECTORS

Chairman Name: Matthew S. DeCristofaro

Vice Chairman Address: 10 Rip Rap Road

Director Bernardsville, NJ 07924

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Jonathan L. DeCristofaro

Vice Chairman Address: 10 Rip Rap Road

Director Bernardsville, NJ 07924

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

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.

12. [Signature]
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he/she is aware that 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.

13. Matthew S. DeCristofaro, President
(Typed or printed name and capacity of person signing application)

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**API Processing - Licensing, Inc.
3419 Galt Ocean Drive, Suite A
Ft. Lauderdale, FL 33308
954/567-0013 Office**

April 12, 2021

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

Re: Release name of Castle Ridge Construction Company, Inc.

To Whom It May Concern:

Please release and dissolve the name of Castle Ridge Construction Company, Inc., in order to bring the corporation in as a foreign corporation from New Jersey.

Thank you,



Matthew S. DeCristofaro

Handwritten: *Handwritten* *Angelo*

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

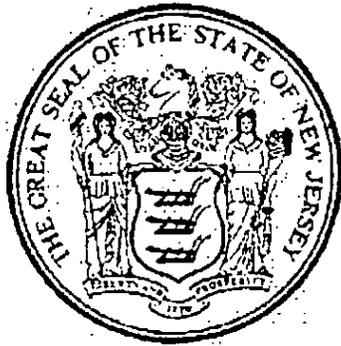
**CASTLE RIDGE CONSTRUCTION INC.
0100820479**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on June 19, 2000.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**MATTHEW S DECRISTOFARO
10 RIP RAP ROAD
BERNARDSVILLE, 07924**



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 12th day of April, 2021

Elizabeth Maher Muoio

**Elizabeth Maher Muoio
State Treasurer**

Certificate Number : 6117808447

Verify this certificate online at

https://www1.state.nj.us/TFR_StandingCert/INP/Verify_Cert.jsp