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DATE: 11-22-19

NAME: FREDERICO DEMOLITION, LLC

TYPE OF FILING: APPLICATION FOR AUTHORITY

COST:

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November 26, 2019

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: FREDERICO DEMOLITION, LLC

Ref. Number: W19000076738

We have received your document for FREDERICO DEMOLITION, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory Specialist II Supervisor Letter Number: 719A00024092

please keep original fre date Thank you!

15 The last of the

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COVER LETTER

		ation Section n of Corporations					
SUBJEC		EEDERICO DEMOLITION, LLC					
		Name of Limited Liability Company					
The enclo	osed "A _l e, and cl	pplication by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of neck are submitted to register the above referenced foreign limited liability company to transact business in Florida.					
Please ret	turn all (correspondence concerning this matter to the following:					
		Mark Frederico					
		Name of Person					
		Frederico Demolition, LLC					
		Finn/Company					
	1005 Chili Ave, Suite 2						
		Address					
	Rochester, NY 14611						
City/State and Zip Code							
	1	mfrederico@fredericodemolition.com					
	•	E-mail address: (to be used for future annual report notification)					
For furth	er infon	mation concerning this matter, please call:					
	Joyce L	91 (
		Name of Contact Person Area Code Daytime Telephone Number					
	Division Registra P.O. Bo	ING ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	Please r	rd is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 25.00 Filing Fee S130.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy					

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTIIORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE IVITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

rederico Industrie	es South LLC	. The alternate same man	rt melude "Limited Liability Company,"	"L L.C." or "LLC.")
NEW YORK	220	35-254778 3.		
(Jurisdiction under the law of wh	uch foreign lumited liability company is organized)	J	(fEl number, if applicable)	
JUNE 1, 2019				
	(Date tirst transacted business in Florida, if prior to regi (See sections 605 0904 & 605.0905, F.S. to determine p	stration.) senalty Eability)		
1005 CHILI AVE, SUI		1005 CHILI AVE, SUITE 2		
(Street Address of P	rinaipal Office)	6	(Mailing Address)	 -
ROCHESTER, NY 146	511	ROCHEST	'ER, NY 14611	
Name and street addres	s of Florida registered agent: (P.O. Box)	NOT acceptable)		.:
	Florida Filing & Search Services, Inc.			13.7. 13.7. 16.1
Name:	Titling to Court of the parties			With the
Office Address:	155 Office Plaza Drive, Suite A			
	Taliahasee	, Fk	32301 orida(Zip code)	
	(Chy)		(Zip code)	

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: MARK FREDERICO Manager Name: Manager 1005 CHILI AVE, SUITE 2 Address: Address: ■ Member ROCHESTER, NY 14611 Authorized Authorized Person Person Other____ Other Other_ Other Name: _____ Manager Manager Manager Name: Member Member Address: Muthorized Authorized Person Person Other_ Other Other____ Other_ Manager Manager ☐ Member Address: ______ Address: Member Authorized Authorized Person Person Other_____ Other__ ___Other_____ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 \$3,0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State consultates a third degree felony as provided for in s.817.155, F.S. Signature of an aminotized person MARK FREDERICO

Typed or printed name of signee

State of New York Department of State

ss:

I hereby certify, that FREDERICO DEMOLITION, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 12/09/2015, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of FREDERICO DEMOLITION, LLC was filed on 02/17/2016.

A Biennial Statement was filed 08/16/2018.

I further certify, that no other documents have been filed by such Limited Liability Company.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 02nd day of December two thousand and nineteen.

Braden C Hylan

Brendan C Hughes
Executive Deputy Secretary of State