

M23000000596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

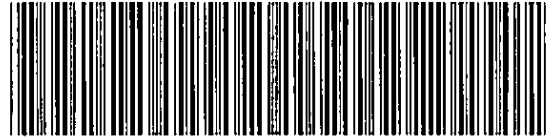
(Business Entity Name)

(Document Number)

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2023 JAN 18 AM 11:58

APPROVED
AND
FILED

01/18/23--01009--025 **125.00



JAN 18 AM 11:47

On Jan

JAN 18 2023

K. Brumblay

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEW HUDSON FACADES, 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:

DAVID L. TABER JR.
Name of Person

CONTRACTOR LICENSING INC.
Firm/Company

P. O. BOX 2122
Address

MARCO ISLAND, FL 34146
City/State and Zip Code

david@contractorlicensinginc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID L. TABER JR. at (239) 394-2300
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. NEW HUDSON FACADES, 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. PENNSYLVANIA
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 30-0829427
(FEI number, if applicable)

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

5. 815 COLUMBIA AVENUE
(Street Address of Principal Office)

6. _____
(Mailing Address)

LINWOOD, PA 19061

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

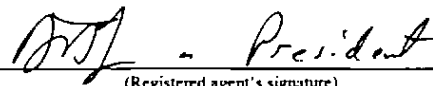
Name: CONTRACTOR LICENSING INC.

Office Address: 601 E. ELKCAM CIR, UNIT B-1

MARCO ISLAND, Florida 34145
(City) (Zip code)

APPROVED AND FILED
2023 JAN 18 AM 11:58
STATE OF FLORIDA
SECRETARY OF STATE

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.


(Registered agent's signature)

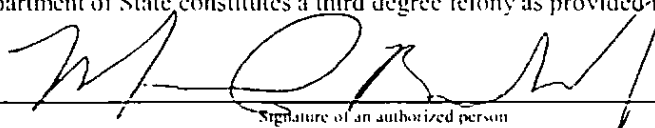
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>MICHAEL BUDD</u>	<input type="checkbox"/> Manager	Name: <u>JAMES HANLEY</u>
<input type="checkbox"/> Member	Address: <u>815 COLUMBIA AVENUE</u>	<input type="checkbox"/> Member	Address: <u>815 COLUMBIA AVENUE</u>
<input type="checkbox"/> Authorized Person	<u>LINWOOD, PA 19061</u>	<input type="checkbox"/> Authorized Person	<u>LINWOOD, PA 19061</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other CFO _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>RELATED CONSTRUCTION HOLDINGS LLC</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>815 COLUMBIA AVENUE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>LINWOOD, PA 19061</u>	<input type="checkbox"/> Authorized Person	_____
<input checked="" type="checkbox"/> Other AMBR _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>MICHAEL TROVINI</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>815 COLUMBIA AVENUE</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>LINWOOD, PA 19061</u>	<input type="checkbox"/> Authorized Person	_____
<input checked="" type="checkbox"/> Other AMBR _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Michael Budd

 Typed or printed name of signer

Pennsylvania Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T: 717-787-1057
dos.pa.gov/BusinessCharities

Regarding: New Hudson Facades LLC
Request Type: Certificate of Registration **Issuance Date:** January 05, 2023
Request No.: 007437932 **File No:** 0004265878
Receipt No.: 319019
Filing Type: Foreign Limited Liability Company
Filing Subtype: Limited Liability Company
Initial Filing Date: May 07, 2014
Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

New Hudson Facades LLC

is a foreign association duly registered to do business in this Commonwealth as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Certificate of Registration shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written.

Leigh M. Chapman

Leigh M. Chapman
Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov