TRINMITTAL LATER Registration Section Division of Corporations

SUBJECT:	SAL E. Torchia Massney 170
SUBJECT:	= 11 = 1 1 OVENIA TIH SUIK I LID
	D.B. A. COVAI SEA POOLS
Dear Sir or Madam	a:
The enclosed "App	plication by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Exis	stence", and check are submitted to register the above referenced foreign corporation to
transact business in	n Florida.
Please return all con	orrespondence concerning this matter to the following:
	SALE Touchin Prosile +
	SALE TORCHIA President (Name of Person)
	DBA COVAL SEA YOU'S (Firm/Company)
	2395 SE HWY 42
	(Address)
_	Summerfield FL 34491
	(City/State/Zin)
	40003169302 -03/14/0001096

Should you need to	call someone concerning this matter, please call:
Should you need to	call someone concerning this matter, please call:
Should you need to	
	Torchia at (352) 347-5339
SAL 1	Torchia at (352) 347-5339
SAL Name of P	Person) at (352) 347-5339 (Area Code & Daytime Telephone Number) W-7202
SAL Name of P	Person) (Area Code & Daytime Telephone Number) W - 720 2 SS: MAILING ADDRESS:
STREET ADDRES Registration Section	Person) at (352) 347-5339 Person) (Area Code & Daytime Telephone Number) W-7202 SS: MAILING ADDRESS:
SAL (Name of P STREET ADDRES Registration Section Division of Corporat	Person) (Area Code & Daytime Telephone Number) W-720 2 SS: MAILING ADDRESS: Registration Section Division of Corporations
(Name of P (Name of P STREET ADDRES Registration Section Division of Corporate 409 E. Gaines St.	Person) (Area Code & Daytime Telephone Number) W - 720 2 SS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
(Name of P (Name of P STREET ADDRES Registration Section Division of Corporate 109 E. Gaines St.	Person) (Area Code & Daytime Telephone Number) W - 720 2 SS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
(Name of Post Name	Person) (Area Code & Daytime Telephone Number) W - 720 2 SS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
(Name of Post Name	Person) (Area Code & Daytime Telephone Number) W - 720 2 SS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 for the following amount:
(Name of P (Name of P STREET ADDRES Registration Section Division of Corporat 409 E. Gaines St. Tallahassee, FL 323	Person) (Area Code & Daytime Telephone Number) W-720 2 SS: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 For the following amount:



To: Peter From: Ro

FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 17, 2000

SAL E. TORCHIA, PRESIDENT SAL E. TORCHIA MASONRY LTD. 2395 SE HWY 42 SUMMERFIELD, FL 34491

SUBJECT: SAL E. TORCHIA MASONRY LTD.

Ref. Number: W00000007202

We have received your document for SAL E. TORCHIA MASONRY LTD. and your check(s) totaling \$87.50. However, the enclosed document has not begingled and is being returned for the following correction(s):

The use of LIMITED or LTD. is not acceptable as a corporate suffix. The named must include a word such as INCORPORATED, INC., CORPORATION, CORPORATION, CORPORATION, COMPANY, or CO.

Please note that this addition is just for use in Florida and does not affect your filing in New York in any way.

Your cover letter refers to a "d/b/a" name. If you would like to do business in Florida under such a name, you must file a fictitious name. An application for a fictitious name is being sent to you under separate cover.

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) 487-6958.

Lee Rivers Document Specialist

Letter Number: 600A00014872

2395 SE Hwy 42 Summerfield, FL 34491 April 17, 2000

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

SUBJECT: SAL E. TORCHIA MASONRY INC. REF. NUMBER: W0000007202

Pursuant to your letter dated March 17, 2000, we have amended the Certificate of SINC. Everything should now be in order.

Should you require anything else, please contact me by sending a fax to 352-854-10. Thank you for your assistance.

Very truly yours

SAL E. TORCHIA MASONRY INC.

SAL E. TORCHIA

President

cc: PETER T. GOODRICH, ESQ. Goodrich and Bendish Attorneys at Law 399 Knollwood Road, Suite 303 White Plains, NY 10603

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	CE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO COREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	-
1. SAL	E TORCHIA MASONRY INC.	•
	poration; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or	_
	eviations of like import in language as will clearly indicate that it is a corporation instead of a or partnership if not so contained in the name at present.)	
	Try under the law of which it is incorporated) 3. (FEI number, if applicable)	=
•		
4. <u>1 AN.</u>	8, 1991 5. PERPETUAL	·.
	Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	-
6. <u>U POY</u>	N Qualification	
(Date Hrst trans	sacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	
7. a. <u>51</u>	8 NORTH STATE ROAD BRIARCLIFF MANOR, NY 103 (Principal office address)	SI
, 239	15 SE HWY 42 Summerfield, FL 34496	
υ <u> </u>	(Current mailing address)	
8. Gene	(Current mailing address) eval Contracting and Pool Building address) e(s) of corporation authorized in home state or country to be carried out in state of Florida) reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) All Country to Box or Mail Drop Box NOT acceptable)	
(Purpose	e(s) of corporation authorized in home state or country to be carried out in state of Florida)	4
9. Name and str	reet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)	3
	SAI TORCHIA	
Office Address:	2395 SE HWY 42	
	Summerfield, Florida 34491	4
	(Zip code)	
10 Registered o	agent's acceptance:	
io. Registered a	agent a acceptance.	
Having been name	ted as registered agent and to accept service of process for the above stated corporation at the place designated n, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to	į
comply with the pr	provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with	
and accept the obl	ligations of my position as registered agent.	
	Ja yavnus	
	SAL TURCHY (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. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: SAI TORChiA
Address: 518 NORTH STATE ROAD
BRIARCLIFF MANOR, NY 10510
Vice Chairman:
Address:
ì
Director:
Address:
Director:
Address:
B. OFFICERS
President: SAL TORCHIA 300 8
Address: 518 NORTH STATE ROAD
Briarcliff MANOR NY 10510
Vice President: SAL TORCHIA
Address:
Secretary: SAL TORCHIA
Address:
Treasurer: SAL TORCHIA
Address:
NOTE: If necessary, you may attach an addengim to the application listing additional officers and/or directors.
13. SAL TORCHIA
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. SAL lorchia lyes', dent (Typed or printed name and capacity of person signing application)

State of New York Department of State

I hereby certify, that the Certificate of Incorporation of SAL E. TORCHIA MASONRY LTD. was filed on 01/08/1991, under the name of SAL E. TORCHIA SWIMMING POOLS LTD., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation. I further certify the following:

A Certificate of Amendment SAL E. TORCHIA SWIMMING POOLS LTD., changing its name to SAL E. TORCHIA MASONRY LTD., was filed 11/21/1991.

A Biennial Statement was filed 02/26/1993.

A Biennial Statement was filed 03/24/1997.

A Biennial Statement was filed 01/25/1999.

I further certify, that no other documents have been filed by such Corporation.

OF NEW COLUMNS OF THE PART OF STREET

Witness my hand and the official seal of the Department of State at the City of Albany, this 25th day of February two thousand.

Special Deputy Secretary of State

SECRETARSE OF STATE

CERTIFICATE OF AMENDMENT

OF THE

CERTIFICATE OF INCORPORATION

OF

SAL E. TORCHIA MASONRY LTD.

Under Section 805 of the Business Corporation Law

IT IS HEREBY CERTIFIED THAT:

(1) The name of the corporation is:

SAL E. TORCHIA MASONRY LTD.

- (2) The certificate of incorporation was filed by the Department of State on the 8th day of January, 1991 as SAL E. TORCHIA SWIMMING POOLS LTD..
 - (3) The certificate of incorporation is hereby amended to effect the following change(s):

To amend the name of the corporation in the first paragraph. The first paragraph shall now read as follows:

FIRST: The name of the corporation is:

SAL E. TORCHIA MASONRY INC.

(4) The above amendment to the certificate of incorporation was authorized by vote of the board of directors followed by a vote of the holders of a majority of all outstanding shares entitled to vote thereon.

IN WITNESS WHEREOF, this certificate has been subscribed by the undersigned who affirm(s) that the statements made herein are true under the penalties of perjury.

DATED: April 5, 2000

<u>s/SAL E. TORCHIA</u> SAL E. TORCHIA, PRESIDENT N. Y. S. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS AND STATE RECORDS ALBANY, NY 12231-0001

FILING RECEIPT

ENTITY NAME: SAL E. TORCHIA MASONRY INC.

DOCUMENT TYPE: CERTIFICATE OF AMENDMENT (DOM. BUS.) COUNTY: WEST

NAME

SERVICE COMPANY: SERVICO

SERVICE CODE: 35

FILED:04/07/2000 DURATION:******* CASH#:000407000245 FILM #:000407000243

ADDRESS FOR PROCESS

REGISTERED AGENT





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FILER	FEES	60.00	PAYMENTS	60.00
	-		-	
	FILING	60.00	CASH	0.00
GOODRICH & BENDISH	TAX	0.00	CHECK	0.00
399 KNOLLWOOD ROAD, #303	CERT	0.00	CHARGE	0.00
	COPIES	0.00	DRAWDOWN	60.00
WHITE PLAINS, NY 10603-1900	HANDLING	0.00	BILLED	0.00
			REFUND	0.00