

F01000000872

TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: K.A.M. PAINTING INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PAULINE MACCANAS
(Name of Person)

K.A.M. PAINTING INC.
(Firm/Company)

900003523069--8
-01/04/01--01047--015
*****70.00 *****70.00

5629 KIPPEN DR.
(Address)

EAST AMHERST NY 14051
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

PAULINE MACCANAS at (716) 639-8889
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$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

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 9, 2001

PAULINE MACCANAS
K.A.M. PAINTING, INC.
5629 KIPPEN DR.
EAST AMHERST, NY 14051

SUBJECT: K.A.M. PAINTING, INC.
Ref. Number: W01000000517

We have received your document for K.A.M. PAINTING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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: 201A00001039

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

February 1, 2001

PAULINE MACCANAS
K.A.M. PAINTING, INC.
5629 KIPPEN DR.
EAST AMHERST, NY 14051

SUBJECT: K.A.M. PAINTING, INC.
Ref. Number: W0100000517

We have received your document for K.A.M. PAINTING, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We apologize for failing to note in our previous letter that the addresses you listed on the second page of your application did not include the street address and zip code for the Buffalo addresses.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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: 401A00006124

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TALLAHASSEE FLORIDA

**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. K.A.M. PAINTING, INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "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.)
2. NEW YORK STATE 3. 16-1406649
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/1991 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted 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. 5629 KIPPEN DR. EAST AMHERST NY 14051
(Principal office address)
b. N/A
(Current mailing address)
8. PAINTING/WALLCOVERING
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: ANTONIS MAGANAS
Office Address: 824 WINDWARD WAY
PALM HARBOR, FLORIDA, Florida 34685
(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.

Anton K. Maganas
(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.

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TALLAHASSEE FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: PAULINE MAGCANAS
Address: 5629 KIPPEN DR
BUFFALO, NY EAST AMHERST NY 14051 (Home Office)

Vice Chairman: KOSTAS MAGCANAS
Address: 5629 KIPPEN DR
BUFFALO, NY EAST AMHERST NY 14051

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE FLORIDA

B. OFFICERS

President: PAULINE MAGCANAS
Address: 5629 KIPPEN DR
BUFFALO, N.Y. EAST AMHERST NY 14051

Vice President: KOSTAS MAGCANAS
Address: 5629 KIPPEN DR
BUFFALO, NY EAST AMHERST NY 14051

Secretary: ANTONIS MAGCANAS

Address: 824 WINDOWS WAY
PALM HARBOR, FLORIDA 34685

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

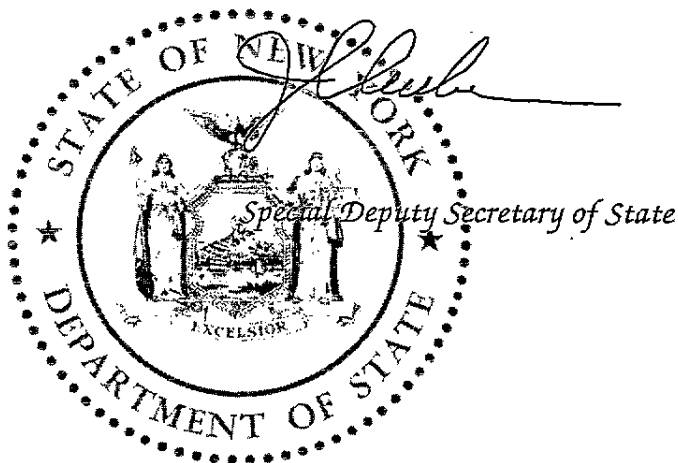
14. PAULINE MAGCANAS
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of K.A.M. PAINTING, INC. was filed on 10/17/1991, 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.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 15th day of December
two thousand.*

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SECRETARY OF STATE
TALLAHASSEE FLORIDA