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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

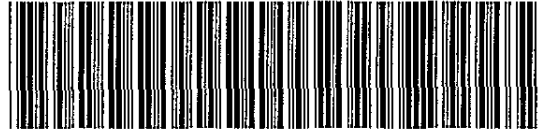
Special Instructions to Filing Officer:

189, 000, 659, 637, 0547, 671

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W03-31766

12/33/03
[Signature]



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SECURITY
TALLAHASSEE, FLORIDA

03 DEC 23 PM 12:55

FILED



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 30, 2003

ANTHONY P. SALERNO
6325 N. ORANGE BLOSSOM TRAIL STE. 112
ORLANDO, FL 32810

SUBJECT: A.P. SALERNO SEALCOATING & STRIPING INC
Ref. Number: W03000031766

SEEN BY
TALLAHASSEE, FLORIDA

03 DEC 23 PM 12:55

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We have received your document for A.P. SALERNO SEALCOATING & STRIPING 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 date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

A brief description of the entity's nature of business must be included in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 403A00059144

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A.P. Salerno Sealcoating & Striping 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:

Anthony P. Salerno

(Name of Person)

A.P. Salerno Sealcoating & Striping Inc.

(Firm/Company)

6325 N. Orange Blossom Trail, Suite 112

(Address)

Orlando, Florida 32810

(City/State and Zip code)

For further information concerning this matter, please call:

Anthony P. Salerno

(Name of Person)

at (407) 291-4246

(Area Code & Daytime Telephone Number)

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

**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. **A.P. Salerno Sealcoating & Striping 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. **North Carolina**

(State or country under the law of which it is incorporated)

3.

54-209-1437

(FEI number, if applicable)

4. **January 21, 2003**

(Date of incorporation)

5.

July 31, 2003 (Perpetual)

(Duration: Year corp. will cease to exist or "perpetual")

6.

August 1, 2003

(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. **1747 C 8th St. Dr. N.E, Hickory, NC 28601**

(Principal office address)

(Current mailing address)

8.

Asphalt Sealcoating and Striping

(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: **Anthony P. Salerno**

Office Address: **6325 N. Orange Blossom Trail**

Orlando

(City)

, Florida **32810**

(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.

Anthony P. Salerno

(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: RUSSELL SALERNO

Address: 12417 MAGNOLIA ISLAND Blvd
CLERMONT, Florida 34711

Vice Chairman: Anthony P. Salerno

Address: 12417 MAGNOLIA ISLAND Blvd.
CLERMONT, Florida 34711

Director: _____

Address: _____

Director: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

B. OFFICERS

President: Anthony P. Salerno

Address: 17417 MAGNOLIA ISLAND Blvd.
CLERMONT, Florida 34711

Vice President: Russell Salerno

Address: 17417 MAGNOLIA ISLAND Blvd.
CLERMONT, Florida 34711

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Russell Salerno ~~Anthony P. Salerno~~
(Signature of Director or Officer listed in number 12 of the application)

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



State of North Carolina
Department of The Secretary of State

((H0300030091

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

A.P. SALERNO SEALCOATING & STRIPING INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 21st day of January, 2003, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 9th day of October, 2003

Elaine F. Marshall
Secretary of State