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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 1, 2004

KHANI BURGHER 21 BAJART PLACE YONKERS, NY 10705

SUBJECT: TROPICAL COASTAL WOODWORK AND REMODELING CO IN

Ref. Number: W04000033178

We have received your document for TROPICAL COASTAL WOODWORK AND REMODELING CO INC and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 104A00053115

TRANSMITTAL LETTER

Division of Corporations
SUBJECT: TROPICAL COASTAL WOODWORK AND REMODELING CO. INC
SUBJECT: TROPICAL COASTAL WOODWORK AND REMODELING CO. TNO (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:
KHANI BURGHER (Name of Person)
(Name of Person)
TROPICAL COASTAL WOODWORK AND REMODELING COMPANY, INC. (Firm/Company)
(Firm/Company)
(Firm/Company) 21 SAJART PLACE (Address) YONKERS, N.Y. 10705 (City/State and Zip code)
(Address)
YONKERS, N.Y. 10705
(City/State and Zip code)
(City/State and Zip code) AHA SSE 5 For further information concerning this matter, please call:
(Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (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

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.

(Name of corporatio	n; must include the word "I	NCORPORATED", '	'COMPANY'', "C	ORPORATÍO	N" or	47ED
	ons of like import in languag tnership if not so contained			poration instea	ıd of a	
2. <u>NEW YOLK</u>	er the law of which it is inco	3	TF-	189763	,عـ	
4. JUNE	incorporation)	5	J	NDEFINE	976	
(Date of	incorporation)	(Du	ration: Year corp.	will cease to	exist or "perpetua	ıl")
6. <u>UPON</u>	QUALIFICATION business in Florida. If corp		<u>,</u>	·r 2%		
(Date first transacted	business in Florida. If corp	ooration has not transa IONS 607.1501, 607.	acted business in F 1502 and 817.155	Florida, insert , F.S.)	"upon qualification	on.")
7. 2/ A	•					
· ·	(Princ	cipal office address)				
4245	SAJART PLA (Princ 2 ANBY DR. M (Curre	LELBOURN	FL3290	1	<u></u>	
	(Curr	ent mailing address)				
	K And Bull D f corporation authorized in h address of Florida regis					 . ,
Name:	SEAN ELLIO	IT	. · -		717 717 0 110	
	238 NW 8				CT -	-
P	LANTATION (City)	_	Florida 33	324	SEE P	है। इस्तालक
	(City)		(Zip	code)	-5 PH 3: SSEE, FLO	3
designated in this ap	it's acceptance: as registered agent and a plication, I hereby accep ply with the provisions o	ot the appointment	<i>as registered a</i> g	ent and agre	i corporation ase to act in this	capacity.
	pty with the provisions of the ciliar with and accept the					vj 1143
	Seam &	lest	•			
	(Regi	stered agent's signatu	re)			

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: KHANI BURGHER
Address: 331 SOUTH 1ST AVE
MT. VERNON NY 10550
Vice Chairman: CLIVE GRIFFITHS
Address: 21 BAJART PLACE
YONKERS N.Y. 107 W
Director:
Address:
Director:
Address:
B. OFFICERS
President: KHANI BURGHER President: KHANI BURGHER
Address: 32/ 30//14 12 17/4
Vice President: CLIVE GRIFFITHS
Address: 21 BATART PLACE
YONKERS, NY 10705
Secretary: CLINE GRIFFITHS
Address: 21 BAJART PLACE, TONKERS N.Y. 10705
Treasurer:
Address:
NOTE: If necessary, you may attach an Addendum to the application listing additional officers and/or directors.
13. x
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. KHANI BURGHER CHAIRMAN PRESIDENT (Typed or printed name and capacity of person signing application)
(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 TROPICAL COASTAL WOODWORK AND REMODELING COMPANY, INC. was filed on 06/28/2004, 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 13th day of September two thousand and four.

Secretary of State

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