

F0500000 4373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

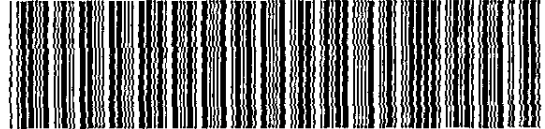
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 JUL 28 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



UCC FILING & SEARCH SERVICES, INC.
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Tallahassee, Florida 32301
(850) 681-6528

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104570
July 28, 2005

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Leone Construction Inc.

Filing Evidence

- ☐ Plain/Confirmation Copy
☒ Certified Copy

Retrieval Request

- ☐ Photocopy
☐ Certified Copy

Type of Document

- ☐ Certificate of Status
☐ Certificate of Good Standing
☐ Articles Only
☐ All Charter Documents to Include
Articles & Amendments
☐ Fictitious Name Certificate
☐ Other

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SECRETARY OF STATE
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. LEONE CONSTRUCTION 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. NEW YORK

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

3. 15-123991

(FEI number, if applicable)

4. MAY 11, 1984

(Date of incorporation)

5. PERPETUAL

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

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 999 AREO DRIVE, CHEEKTOWAGA, NY 14225

(Principal office address)

999 AREO DRIVE, CHEEKTOWAGA, NY 14225

(Current mailing address)

8. ANY LAWFULL PURPOSE

(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 NOT acceptable)

Name: _____

Office Address: _____

UCC Filing & Search Services, Inc.
526 E Park Ave
Tallahassee FL 32301-3230

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.

By: _____

(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:

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TALLAHASSEE, FLORIDA

A. DIRECTORS

Chairman: DOROTHY LEONE

Address: 635 HOPKINS ROAD
WILLIAMSVILLE, NY 14221

Vice Chairman: ARIELLE LEONE

Address: 9440 PINE MEADOW DRIVE
CLARENCE CENTER, NEW YORK 14032

Director: LINDA RUPP

Address: 127 KANDAHAR DRIVE
EAST AURORA, NEW YORK 14052

Director: _____

Address: _____

B. OFFICERS

President: DOROTHY LEONE

Address: 635 HOPKINS ROAD
WILLIAMSVILLE, NY 14221

Vice President: ARIELLE LEONE

Address: 9440 PINE MEADOW DRIVE
CLARENCE CENTER, NEW YORK 14032

Secretary: ARIELLE LEONE

Address: 9440 PINE MEADOW DRIVE, CLARENCE CENTER, NEW YORK 14032

Treasurer: LINDA RUPP

Address: 127 KANDAHAR DRIVE, EAST AURORA, NEW YORK 14052

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

13. Arielle Leone
(Signature of Director or Officer listed in number 12 of the application)

14. ARIELLE LEONE, VICE PRESIDENT
(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 LEONE CONSTRUCTION INC. was filed on 05/11/1984, 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 an existing corporation. I further certify the following:

A Biennial Statement was filed 06/24/1993.

A Certificate of Merger was filed on 06/03/1994.

A Biennial Statement was filed 05/23/2000.

A Biennial Statement was filed 11/03/2003.

The Biennial Statement is past due.

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



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 14th day of June
two thousand and five.*

Secretary of State