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(Requestor's Name)

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(City/State/Zip/Phone #)

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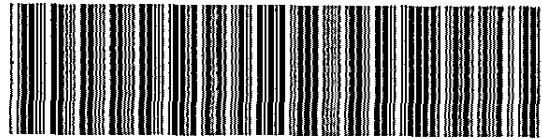
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** SAFE CONTRACTING 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:

DAVID MERCADO

(Name of Person)

SAFE CONTRACTING INC.

(Firm/Company)

8020 SUNRISE LAKES DR. N. BUILDING 25-205

(Address)

SUNRISE, FL 33322

(City/State and Zip code)

For further information concerning this matter, please call:

DAVID MERCADO

(Name of Person)

at ( 516 ) 603-5299

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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.

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1. **SAFE CONTRACTING 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. **11-2927544**

(FEI number, if applicable)

4. **5/11/87**

(Date of incorporation)

5. **PERPETUAL**

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

6. **10/01/06**

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

7. **8020 SUNRISE LAKES DR. N. BUILDING 25-205, SUNRISE, FL 33322**

(Principal office address)

**1160 SARAH JEAN CIRCLE #103, NAPLES, FL 34110**

(Current mailing address)

8. **ANY AND ALL LAWFUL BUSINESS**

(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: **SW PROF. SERVICES**

Office Address: **13571 MCGREGOR BLVD #22**

**FORT MYERS**

(City)

, Florida **33919**

(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.*

  
(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: DAVID MERCADO

Address: 8020 SUNRISE LAKES DR. N. BUILDING 25-205  
SUNRISE, FL 33322

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: DAVID MERCADO

Address: 8020 SUNRISE LAKES DR. N. BUILDING 25-205  
SUNRISE, FL 33322

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. David Mercado

(Signature of Director or Officer listed in number 12 of the application)

14. DAVID MERCADO, PRESIDENT

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

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SOUTHWEST PROFESSIONAL SERVICES OF SO, FL INC  
ATTN: MITCHELL STOVING  
13571 MCGREGOR BLVD #22  
FORT MYERS FL 33919

CUST REF: NONE

Enclosed is the information you requested. Your payment of \$25.00 is hereby acknowledged.

*If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.*

**State of New York**  
**Department of State** } ss:

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I hereby certify, that the Certificate of Incorporation of SAFE CONTRACTING, INC. was filed on 05/11/1987, 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.

The Biennial Statement is past due.

\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 14th day of August two  
thousand and six.*



*Special Deputy Secretary of State*