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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

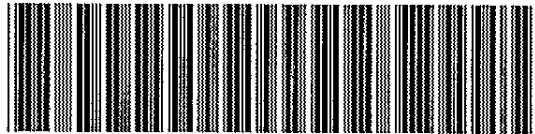
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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015  
SA

SPIEGEL & Utrera, P.A.

(Requestor's Name)

1840 SOUTHWEST 22<sup>ND</sup> STREET, 4<sup>TH</sup> FLOOR

MIAMI, FL 33145 - (305) 854-6000

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. EMTAE CONTRACTING, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk-In ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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

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

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

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

Examiner's Initials

**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. EMTADE 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 3. 58-2432783  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/22/1998 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. 2249 Parkhurst Road, Elmont, New York 11003  
(Principal office address)

2249 Parkhurst Road, Elmont, New York 11003  
(Current mailing address)

8. engage in any legal business or activities permitted under the laws of the United States and the State of Florida  
(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: SPIEGEL & UTRERA, PA.

Office Address: 1840 SW 22nd Street, 4th Floor

Miami, Florida 33145  
(City) (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.*

SPIEGEL & UTRERA, P.A.

By: NATALIA UTRERA VICE-PRESIDENT  
(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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07 JAN -4 PM 12:00  
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TALLAHASSEE, FLORIDA

**FILED**

07 JAN -4 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. DIRECTORS**

Chairman: Leventis Omotade

Address: 2249 Parkhurst Road  
Elmont, New York 11003

Vice Chairman: Emma McClain-Omotade

Address: 2249 Parkhurst Road  
Elmont, New York 11003

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

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

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

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

**B. OFFICERS**

President: Leventis Omotade

Address: 2249 Parkhurst Road  
Elmont, New York 11003

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

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

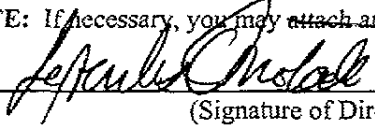
Secretary: Emma McClain Omotade

Address: 2249 Parkhurst Road, Elmont, New York 11003

Treasurer: Emma McClain Omotade

Address: 2249 Parkhurst Road, Elmont, New York 11003

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

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

14. Leventis Omotade, 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 EMTADE CONTRACTING, INC. was filed on 12/22/1998, 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 21st day of December two  
thousand and six.*



*Special Deputy Secretary of State*

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TALLAHASSEE, FLORIDA