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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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SEORETARY OF STATE

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WOB-18700

## **COVER LETTER**

Division of Corporations	
SUBJECT: D.J. Rossett	i. Too.
	oration - must include suffix)
Dear Sir or Madam:	
	for Authorization to Transact Business in Florida," I to register the above referenced foreign corporation to
Please return all correspondence concerning this m	atter to the following:
Belsy Tope	
(Nan	ne of Person)
D.J. Kossetti, Inc.	
	n/Company)
11 Stone Break Rd	Address)
malt. NV 1202	Address)
(City/S	tate and Zip code)
	·
For further information concerning this matter, plea	ase call:
	18 800 8160
Betsy Tope at (5) (Name of Person)	rea Code & Daytime Telephone Number)
(Name of Person)	Telephone Manneth
STREET/COURIER ADDRESS: New Filing Section	MAILING ADDRESS: New Filing Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, FL 32314
Tallahassee, FL 32301	Tunanassee, 1 12 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



April 11, 2008

BETSY TOPE 11 STONE BREAK RD MALTA, NY 12020

SUBJECT: D.J. ROSSETTI, INC. Ref. Number: W08000018700

We have received your document for D.J. ROSSETTI, 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 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.

Please return the corrected original and one copy of 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) 245-6931.

Letter Number: 608A00021685

Becky McKnight Regulatory Specialist II New Filing Section

## 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. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "lnc.," "Co.," "Corp," "lnc," "Co," or "Corp.") (If name unavailable in Florida, errer alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 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: ive Park Drive, Suite 4 Office Address: , Florida <u>33331</u> (City) 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:	
Address:	
ice Chairman:	
Address:	 ⊠
	)6 APR SECRE
Director:	Ter North
Address:	
	S F
Director:	
address:	
B. OFFICERS	
resident: David J. Rossetti Sr.	
address: 2 Mystic lane,	
Saratoga Springs, NY 12866	
rice President: Theresa Rossetti	
address: 2 mystic lave,	
Saratan Springs, NY 12866	
ecretary: Theresa Rossetti	
address: 2 Mystic Lane, Saratoga Springs, NY	12866
reasurer: David J. Rossetti, Sr.	
address: 2 Mystic lane Sarataga Springs, NY	19861
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or	directors.
3. And Sant Single Street in surplant 12 of the condication)	
(Signature of Director or Officer listed in number 12 of the application)	
(Typed or printed name and capacity of person signing application)	<del></del>

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

I hereby certify, that the Certificate of Incorporation of D. J. ROSSETTI, INC. was filed on 05/18/1983, under the name of D. J. ROSSETTI MASONRY INC., 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.

A Certificate of Amendment D. J. ROSSETTI MASONRY INC., changing its name to D. J. ROSSETTI, INC., was filed 12/04/1995.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 27th day of March two thousand and eight.

Special Deputy Secretary of State

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SECREDANT STATE