F14-000001556

(Red	questor's Name)	
(Add	dress)	
(Add	iress)	
(City	//State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
4)14-	8670	

Office Use Only



000256041580

02/03/14--01043--002 **70.00



1/H



111 N Reilro 36 St.
P.O. Box 390
Groesbeck, TX 76642
tel 264.729.8002
www.lsainc.com

January 31, 2014

Region Code 212

Florida Secretary of State Division of Corporations Corporate Filings 2661 Executive Center Circle Tallahassee, FL 32301

Ref: Application for Certificate of Authority

Dear Sir/Madam:

We are filing the following documents on behalf of **Emery & Webb, Inc.**

The items checked below are enclosed.

✓ Application for Certificate of Authority
 ✓ Check # 16527 Amount \$70.00
 ✓ Certificate of Good Standing

D&O list

Should you need anything further, please do not hesitate to contact me.

Please return all filed documents to my attention.

Sincerely,

Jodie Thompson

Jodie Thompson Licensing and Compliance Specialist 111 N. Railroad St. P.O. Box 390 Groesbeck, TX 76642 Ph: 254*729*6129

Fax: 254*729*8069

Email: jthompson@ilsainc.com

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Emery & Webb, 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," or "Certificate of Good Standing" 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:
Jodie Thompson
Name of Person
ILSA
Firm/Company
P.O. Box 390
Address
Groesbeck, TX 76642
City/State and Zip code
lpetruzziello@emerywebb.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jodie Thomp. Son at (254) 729-6129
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Engloyed is a check for the following amount:
Enclosed is a check for the following amount:
\$70.00 Filing Fee S70.00 Filing Fee Certificate of Status S70.00 Filing Fee Certificate of Status S70.00 Filing Fee Certificate of Status Certified Copy S70.00 Filing Fee Certified Copy S70.00 Filin



February 10, 2014

JODIE THOMPSON P.O. BOX 390 GROESBECK, TX 76642

SUBJECT: EMERY & WEBB, INC. Ref. Number: W14000008670

We have received your document for EMERY & WEBB, 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):

Please complete 12-14 of the application.

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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

.

Letter Number: 814A00003007



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION THE PANSACT BUSINESS IN FLORIDA Ph 2: La

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.

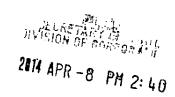
1. Emery & Web			
(Enter name of	corporation; must include "INCORPORAT	ED	," "COMPANY," "CORPORATION,"
"Inc.," "Co.," '	'Corp," "Inc," "Co," or "Corp.")		
(If name unava	ilable in Florida, enter alternate cornorate o	BITIC	adopted for the purpose of transacting business in Florida)
(at annual water			•
2. New York		_ 3,	(PEI number, if applicable)
(State of Commit	y under the law of which it is incorporated)		(PB: number, it applicable)
4. 12/09/1924		. 5.	Perpetual
(Da	ne of incorporation)		(Duration: Year corp. will crase to exist or "perpetual")
6. Upon Qualific			
			in Florida, if prior to registration) 502, F.S., to determine penalty liability)
		• • • • •	002 212 , 10 amonimo gamino, 1500/151)
7. 989 Main Stree	t, Pishkill, NY 12524 (Principal office	o d d	(reco)
	(i iiloipai oitioo	, 4100	is constraint of the state of t
şaine	(Current mailing	add	lang)
	(Curiem assume	auu	ness)
0 Non Bosidont	Industria Calas		
8. Non-Resident (Purpose	(s) of corporation authorized in home state of	or co	umtry to be carried out in state of Florida)
	•		
9. Name and stre	eet address of Florida registered agent:	(P.(O. Box NOT acceptable)
Name:	CT Corporation System		
D	1200 South Pine Island Road		
Office Address:	1200 doddi Pille Island Koali		
	Plantation		, Florida <u>33324</u>
	(City)		(Zip code)
10. Registered s	agent's acceptance:		
		ervi	ice of process for the above stated corporation at the place
			ment as registered agent and agree to act in this capacity.
	comply with the provisions of all statut familiar with and accept the obligation		relative to the proper and complete performance of my
anthes, and I am,	James in Home and accept one congustor	NO V	y my productie an regissore agoing
	C T Corporation System		Maria Ozaefa
	By: Mauri Oxa	41	Vice President
-	(Registered apent	0 0	onanire)

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.



2014 APR -8 PM 2: 40 12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: John C. Webb Fishkill NY 12524 Vice Chairman: Address: Address: _____ B. OFFICERS President: JONN Honewell Junction NY 12533 Vice President: Road East Hope well dunction, NY 12533 Secretary: __ Address: Treasurer: __ Address: _____ NOTE: If necessary) you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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



Attachment to Florida Officers & Directors

1 Full Name:

John C Webb Jr.

Officer/Director:

Officer, Director

Officer's Title:

CEO

Director's Title:

Chairman

Business Address:

989 Main Street

City:

Fishkill

State:

NY

ZIP Code:

12524

2 Full Name:

Robert Wise

Officer/Director:

Officer

Officer's Title:

Vice President/Corp Secretary

Director's Title:

Business Address:

989 Main Street

City:

Fishkill

State:

3

NY

19 1

ZIP Code:

12524 Edward Gentile III

Full Name:

Officer

Officer/Director:
Officer's Title:

Vice President

Director's Title:

Business Address:

989 Main Street

City:

Fishkill

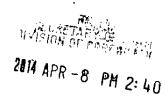
State:

NY

ZIP Code:

12524

State of New York } ss: Department of State



I hereby certify, that the Certificate of Incorporation of EMERY & WEBB, INC. was filed on 12/09/1924, under the name of EDWIN J. WEBB & SON, INC., fixing the duration as perpetual, 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 EDWIN J. WEBB & SON, INC., changing its name to EMERY & WEBB, INC., was filed 02/27/1953.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 23rd day of January two thousand and fourteen.

Cotationy Sicidina

Executive Deputy Secretary of State