Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LICENSES ETC INC

Fi

Account Number: 120070000159

: (239)777-1028

Fax Number

: (877)275-3593

**Enter the email address for this business entity to be used for Afric. annual report mailings. Enter only one email address please.

Email Address: etc@licensesetc.com

FOREIGN PROFIT/NONPROFIT CORPORATION

A Team Contracting Corn

ng Coxp.
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\$87.50

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- Important Information About the Requirement to File an Annual Report
 All Profit Corporations must file an Annual Report yearly to maintain "active"
 status. The first report is due in the year following formation. The report must be filed
 electronically online between January 1st and May 1st. The fee for the annual report is
 \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual
 Report Reminder Notices" are sent to the e-mail address you provide us when you submit
 this document for filing. To file any time after January 1st, go to our website at
 www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the New Filing Section by calling (850) 245-6052 or writing the New Filing Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

CR2E007 (6/14)

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COVER LETTER

TO: New Filing Se Division of Co				
SUBJECT: A Tea	m Contracting Cor			
	Name of corp	oration - mu	st include suffix	
Dear Sir or Madam:				
"Certificate of Existen-	tion by Foreign Corporat ce," or "Certificate of Go gn corporation to transact	od Standing'	and check are sul	
Please return all corres	pondence concerning this	s matter to th	c following:	
Lisa Adams				
	N	ame of Perso	1	
Licenses, Etc., Ir	nc			
Elochoco, Etol, II		m/Company		
996 440th A A	1 C #C			
886 110th Ave. N	i., Suite #6	Address		
	_	11001700		
Naples, FL 3410		/C4-4 J 7:-		
	-	State and Zip	code	
etc@licensesetc	E-mail address: (10 b	a used for ful	and an and	notiCostina
	E-man address. (10 0	e used for ful	ure annuar report	nonneation)
For further information	concerning this matter,	please call:		
Lisa Adams	at (239)	777-8321	
Name of Perso			& Daytime Teleph	ione Number
STREET/COI New Filing Sec Division of Co Clifton Buildin 2661 Executive Tallahassee, Fl	rporations ig e Center Circle		MAILING A New Filing So Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7
Enclosed is a check for	the following amount:			
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of State		75 Filing Fee & ified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN CORPORATION FOR AUTIIORIZATION 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.

. A Team Co	ntracting Corp.				
(Enter name of co	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	CD.	"COMPANY," "CORPORATION,"		-
(If name unavaila	ible in Florida, enter alternate corporate na	nie a	adopted for the purpose of transacting by	isiness in Florida)	_
New York		2	46-1693052	·	
	y under the law of which it is incorporated)	_ J. }	(FEI number, if applic	uble)	
01/03/2013		5	Perpetual		
	of incorporation)	٥.	(Duration: Year corp. will cease to exi	st or "perpetual")	-
•			Florida, if prior to registration) 02, F.S., to determine penalty fiability)		-
592 Route 2	2, Pawling, NY 12564				_
	(Principal office	addı	css)		
592 Route 2	2, Pawling, NY 12564		- 	******	_ ;
	(Current mailing	addı	css)	- E	
3. Name and stree	t address of Florida registered agent: ((P.C	. Box NOT acceptable)	JUN -5	Transport
Name:	Christine Monteleone			1	
Office Address:	8880 S. Ocean Drive, #1110			W 9:	
	Jensen Beach		, Florida 34957		
	(City)		(Zip code)		
laving been nam esignuted in this urther agree to co	nt's acceptance: ed as registered agent and to accept so application, I hereby accept the appoi omply with the provisions of all statute amiliar with and accept the obligation	intn es r	ent as registered agent and agree t clative to the proper and complete p	o act in this cap	ucity.
_	Christne M	low	tilione	_	
	(Registered agent)	s si	nature)		

10. 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.

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11. Names and business addresses of officers and/or directors;
A. DIRECTORS
Chairman;
Address:
•
Vice Chairman:
Address:
·
Director:
Address:
Director:
Address:
B. OFFICERS
Address: 546 N. Quaker Hill Rd., Pawling, NY 12564
ur n : Cosimo Montologno Larges
Vice President: Cosimo Monteleone Larosa
Address: 546 N. Quaker Hill Rd., Pawling, NY 12564
· · · · · · · · · · · · · · · · · · ·
Scorctary: Christine Monteleone
Address: 546 N. Quaker Hill Rd., Pawling, NY 12564
Treasurer: Christine Monteleone
Address: 546 N. Quaker Hill Rd., Pawling, NY 12564
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Chaitne mortile ove. Signature of Director or Officer
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.
13. Christine Monteleone, Secretary/Treasurer
(Typed or printed name and capacity of person signing application)

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State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of A TEAM CONTRACTING CORP, was filed on 01/03/2013, 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.

WITNESS my hand and the official scal of the Department of State at the City of Albamy, this 29th day of May two thousand and lifteen.

Continy Sindina

Executive Deputy Secretary of State