

F15000003471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

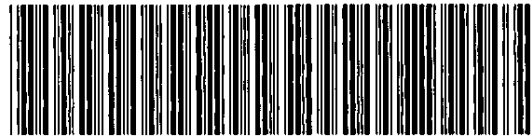
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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RECEIVED  
DEPARTMENT OF STATE  
15 JUL 28 PM 4:15  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
15 JUL 28 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 6 - 7 2015

T. HAMPTON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 712497 8057287

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE : July 17, 2015

ORDER TIME : 3:54 PM

ORDER NO. : 712497-010

CUSTOMER NO: 8057287

FOREIGN FILINGS

NAME: CABLE SPECIALTIES, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CABLE SPECIALTIES, 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:

PATRICK PROVENZANO

\_\_\_\_\_  
Name of Person

CABLE SPECIALTIES, INC.

\_\_\_\_\_  
Firm/Company

2178 ANDREA LANE # 5

\_\_\_\_\_  
Address

FORT MYERS, FLORIDA 33912

\_\_\_\_\_  
City/State and Zip code

pprovenzano@comcast.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICK PROVENZANO

239

246-7062

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

### STREET/COURIER ADDRESS:

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

### MAILING ADDRESS:

Registration 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 29, 2015

CSC

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: CABLE SPECIALTIES, INC  
Ref. Number: W15000051162

We have received your document for CABLE SPECIALTIES, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 315A00015873

RECEIVED  
DEPARTMENT OF  
CORPORATIONS  
15 AUG -6 PM 2:05

# **Cable Specialties, LLC**

2178 Andrea Lane, Suite 5 ■ Fort Myers, Florida 33912-1986

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August 5, 2015

Florida Department of State  
Division of Corporation

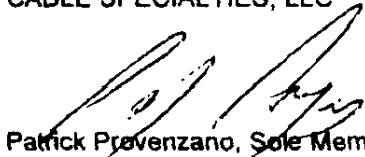
RE: Consent to Name

Dear Sir/Madam:

As the sole member of Cable Specialties, LLC, I hereby consent to the use of the name, Cable Specialties, Inc., by the New York corporation bearing that name, and wishing to register to do business in Florida under that name.

Respectfully yours,

CABLE SPECIALTIES, LLC



Patrick Provenzano, Sole Member  
Cable Specialties, LLC

**FILED**  
15 JUL 28 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

CABLE SPECIALTIES, INC.

1.

(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)

NY

11-2612910

2.

3.

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

10/27/1981

4.

5.

(Date of incorporation)

(Date of duration, if other than perpetual)

6.

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

50 TERRY STREET, PATCHOGUE, NY 11772

7.

(Principal office address)

2178 ANDREA LANE, #5, FORT MYERS, FL, 33912

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City)

(Zip code)

FILED  
15 JUL 28 AM 9:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**9. 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.*

Corporation Service Company

By:



(Registered agent's signature)

Courtney Williams  
Asst. Vice President

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.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: PATRICK PROVENZANO  
Address: 13726 BALD CYPRESS CIRCLE  
FORT MYERS, FL, 33907-1838

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

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

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

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

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

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

**B. OFFICERS**

President: PATRICK PROVENZANO  
Address: 13726 BALD CYPRESS CIRCLE  
FORT MYERS, FL, 33907-1838

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

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

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

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

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

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

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

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. PATRICK PROVENZANO, PRESIDENT

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

FILED  
15 JUL 28 AM 9:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*I hereby certify, that the Certificate of Incorporation of CABLE SPECIALTIES, INC. was filed on 10/27/1981, under the name of CABLE SPECIALITIES, 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 CABLE SPECIALITIES, INC., changing its name to CABLE SPECIALTIES, INC. , was filed 11/20/1991.*

*The Biennial Statement is past due.*



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 17th day of July  
two thousand and fifteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State