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PICK-UP		MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer.	
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W15-74738 Cus & Street	ADD.	

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2015

LOUIS P ORGERA, CPA, PC LOUIS P ORGERA 98 CUTTER MILL RD, STE. 273 S GREAT NECK, NY 11021

SUBJECT: TWO-TONE CONTRACTING, CORP.

Ref. Number: W15000074738

We have received your document for TWO-TONE CONTRACTING, CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return 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.

Karen A Saly Regulatory Specialist II

Letter Number: 315A00024033

COVER LETTER

FO: Registration Section Division of Corporations
SUBJECT: Two-Tone Contracting, Corp. 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:
Louis P Orgeron CPA Name of Person
Louis P Orgera CPA, PC Firm/Company
·
98 Cutter Mill Rd. Suite 2738 Address
Address
Great Neck, NY 11021 City/State and Zip code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
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 \$\Bigcup \\$78.75 Filing Fee & \$\Bigcup \\$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certificate of Status

Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(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 Jecsey (State or country under the law of which it is incorporated) 4. \$\frac{5}{10} \frac{1}{20} \frac{13}{3}\$ (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) 7. \$\frac{98}{10} CUTTER MILL RD. Sulte 273 South GREAT NECK, NY 11021 (Principal ottice address) (Current mailing/address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Qunier Chao Office Address: 260 NW 107 Ave. Bpt 208 Migml (City) (City) 7. 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)	REGISTER A I	FOREIGN CORPORATION	N TO TRANSACT BU	TUTES, THE FOLLOWING IS SINESS IN THE STATE OF FI	LORIDA.
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date of incorporation) (State first transacted business in Florida, if prior to registration) (State State of Not 1501 & 607.1502, F.S., to determine penalty liability) 7. State 273 South GREAT NECK, NY 11021 (Principal outice address) (Current mailing laddress, if different) (Current mailing laddress, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Onles Chao Office Address: 200 NW 107 Ave. Apt 208 Migmi (City) 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.	(Enter name of "Inc.," "Co.,"	1 Wo - 1 Cone of corporation; must include ' "Corp," "Inc," "Co," or "Coi	<u>Contractio</u> "INCORPORATED," "(rp.")	COMPANY," "CORPORATION	Į,"
(Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of incorporation, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual) (City Date of duration, if other than perpetual) (Current mailing address, if different) (Current mailing address, and incorporation and address and address and address and a					
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(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 98 CUTTER MILL RD. SUITE 273 SOUTH GREAT NECK, NY 11021 (Principal outice address) P.O. Box 5005, PARSIPPANY, NT 07054-6005 (Current mailing/address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Onier Chao Office Address: 200 NW 107 Ave. Apt 208 Migmi (City), Florida 33172 (Zip code) 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.					
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(Registered agent's signature)	Having been n designated in t further agree t	named as registered agent this application, I hereby of to comply with the provision	accept the appointment ons of all statutes rela	nt as registered agent and agr ntive to the proper and comple	ee to act in this capacity. I te performance of my
			(Registered age	nt's signature)	

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: Antonio Roselli	
20/3 MOV 20	
Garden City, NY 11530 MILLAMASSITOT	10: 2
Garden City, NY 11530 Vice Chairman: Antonic Ordas	ATE RIDE
Address: 154-51 12 Road	
Beechhurst NY 11357	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Antonio Roselli	
Address: 465 Ardsley Blvd.	
Garden City, NY 11530	
Vice President: Antonio Ordas	
Address: 154-51 12 Road	
Beechhurst, NY 11357	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
12. At Roulli	
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 herei	
are true and that he or she is aware that false information submitted in a document to the Department of State constitute a third degree felony as provided for in s.817.155, F.S.	
13. Antonio Roselli President	
(Typed or printed name and capacity of person signing application)	

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS



TWO-TONE CONTRACTING, CORP.

0101027394

With the Previous or Alternate Name THE TWO-TONE GROUP (Alternate Name)

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on May 10, 2013.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

Tony Donadia 19 Ferndale Drive Parsippany, NJ 07054

I further certify that the incorporator is:

Malika Ahmedova 19 W.34th Street Ste. 1018 New York, NY 10001

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on: May 26, 2015.

President

Antonio Roselli 465 Ardsley Blvd Garden City, NY 11530

Vice President

Antonio Ordas 154-51 12 Road

Beechhurst, NY 11357

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

TWO-TONE CONTRACTING, CORP.

0101027394



Certification# 137663680

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 18th day of November, 2015

Ford M Scudder
Acting State Treasurer

