F16000004571

| (Req | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | fress) | |
| (Add | Iress) | |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nar | me) |
| (0 | N | |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400290927294

10/11/16--01034--013 **70.00

COUNTY OF STATE

٠.

S Warren OCT 12 2016

COVER LETTER

| TO: | Registration Section Division of Corpo | | | | |
|---|---|--|--|----------------------------------|--|
| CHRI | JECT: | A & E Cons | truction | 1 CO. | |
| эора | ,ECT. | Name of corporat | ion - m | ust include suffix | |
| Dear S | Sir or Madam: | | | | |
| "Certi | ificate of Existence," | n by Foreign Corporation (or "Certificate of Good S corporation to transact bus | tandin | g" and check are sub | |
| | e return all correspor P. Kritz, CPA, Contro | ndence concerning this ma | tter to | the following: | |
| | | Name | of Pers | son | |
| A & E | Construction CO. | | | | |
| | | Firm/C | ompan | у | |
| 152 G | arrett Road | | | | |
| | | Ac | ldress | | |
| Upper | Darby, PA 19082 | | | • | |
| | | City/Stat | e and 2 | Zip code | |
| lkritz(| @aeconstruction.com | | | | <u>.</u> |
| ***** | | E-mail address: (to be use | ed for i | uture annual report r | otification) |
| For fu | irther information co | oncerning this matter, plea | se call: | | |
| Larry | arry Kritz, CPA 610 449-3152 | | | | |
| | Name of Person | at (Area (| Code | Daytime Telep | hone 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 | | |
| Enclo | sed is a check for th | e following amount: | | | |
| 3 \$7 | 70.00 Filing Fee | ■ \$78.75 Filing Fee & Certificate of Status | | 78.75 Filing Fee & ertified Copy | ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy |

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.

| A & E Cons | | | | | | |
|---|--|------------------------------------|--|--|--|--|
| (Enter name of c | orporation; must include "INCORPORATED," forp," "Inc," "Co," or "Corp.") | "COMPANY," "CORPORATIO | ",אכ | | | |
| A & E Cons | truction CO. of Pennsylvania / New Jersey | ÷ | | | | |
| (If name unavail | able in Florida, enter alternate corporate name a | dopted for the purpose of transact | ting business in Florida) | | | |
| Pennsylvania | . 3 | 23-2288564 | | | | |
| 1/4/78 | y under the law of which it is incorporated) | (FEI number, if applicable) | | | | |
| · | 5 | | <u>.</u> | | | |
| (Date of incorporation) (Date of duration, if | | | other than perpetual) | | | |
| * | (Principa | al office address) | | | | |
| | (Current mailing | g address, if different) | | | | |
| 3. Name and stree | et address of Florida registered agent: (P.O | . Box <u>NOT</u> acceptable) | The state of the s | | | |
| Name: | CT Corporation | | | | | |
| Office Address: | 1200 South Pine Island Road | | | | | |
| | Plantation | 33324 , Florida | | | | |
| | (City) | (Zip code) | ID: 02 STATE LORIDA | | | |
| Registered age | ent'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.

> Ternell Kearney Asst. Secretary (Registered agent'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.

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

| A. DIRI | ECTORS | | | | |
|------------|--|-------------|----------------------|--------------------|---------|
| Chairman | William Santora | | | | |
| | 152 Garrett Road | | | | |
| | Upper Darby, PA 19082 | | | | |
| Vice Chai | Anthony Santora rman: | <u>.</u> | | | |
| Address: | 152 Garrett Road | | | <u>.</u> . | |
| | Upper Darby, PA 19082 | | | | |
| Director: | | | | | - · - |
| Address: | | | | | |
| Director: | | | | .3. 77 | |
| Address: | | | | بر چ | handa a |
| | | | | -034 | |
| B. OFF | ICERS | | ्रीक्र सामि | \triangleright | |
| President: | Anthony Santora | | STAT | Ċ Ç | |
| | 152 Garrett Road | | DEI A | 2 | |
| 71001033. | Upper Darby, PA 19082 | Nag. | | ` | |
| Vice Pres | ident: | | | | |
| Address: | | | | | |
| Secretary: | Marianne Calabrese | | | _ | |
| Address: | 152 Garrett Road Upper Darby, PA 19082 | | | | |
| Treasurer | : | | | | |
| Address: | · · · · · · · · · · · · · · · · · · · | | - · · · • | | |
| NOTE: | If necessary, you may attack an addendum to the application listing additional additiona | onal office | ers and/or | direct | ors. |
| 12 | | | | | |
| | Signature of Director or Officer ter or director signing this document (and who is listed in number 11 above and that he or she is aware that false information submitted in a document to | | | | |

a third degree felony as provided for in s.817.155, F.S.

Anthony Santora, President

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

09/23/2016

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

A & E CONSTRUCTION CO.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC160923110552-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx