

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

Phone : (800)345-4647

Fax Number : (800)432-3622

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

Email Address: ajfrascone@aobuilding.com

FOREIGN PROFIT/NONPROFIT CORPORATION ALPHA/OMEGA BUILDING CONSULTING CORP.

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ALPHA/OMEGA BUILDIN	
Name of corpo	ration - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation 'Certificate of Existence," or "Certificate of Goo above referenced foreign corporation to transact	on for Authorization to Transact Business in Florida," d Standing" and check are submitted to register the business in Florida.
Please return all correspondence concerning this	matter to the following:
<u> Capitol Services – Corporate Filings To</u>	eam
	ne of Person
Capitol Services, Inc.	
Firm	/Company
300 Brazos Ste 400	
	Address
Austin TX 78701	
City/S	tate and Zip code
ajfrascone@aobuilding.com	
E-mail address: (to be	used for future annual report notification)
or further information concerning this matter, pl	case call:
Geneva Harrison at (300 345-4647
	Code Daytime Telephone Number
;	
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
inclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$87.50 Filing Fee & Certified Copy S87.50 Filing Fee, Certified Copy 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.

	MEGA BUILDING CONSULTING Corporation; must include "INCORPORATED,"		YN 7 22
"Inc.," "Co.," "C	torp," "Inc," "Co," or "Corp.")	COMPANI, CORPORATIO	714,
(If name unavail	able in Florida, enter alternate corporate name add	opted for the purpose of transact	ing business in Florida)
2. NEW YORK	〈		
(State or countr	y under the law of which it is incorporated)	(FEI number, if a	pplicable)
4, 10/24/2014	5., 4	7-2209078	
	of incorporation)	(Date of duration, if other	r than perpetual)
6.		·	
	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ility)
7 49 LAKE R	OAD , CONGERS NY 10920-2319		•
/		office address)	
		•	
	(Current mailing	address, if different)	
8. Name and street	t address of Florida registered agent: (P.O.)	Box NOT acceptable)	
Name:	Capitol Corporate Services, Inc.		10 mg
Office Address:	155 Office Plaza Dr Ste A	_	
	Tallahassee	Florida 32301	
	(City)	, Florida <u>32301</u> (Zip code)	79 > 111
O Thankstoned an			Tist D
y. Kegistereo ag Havine been nan	ent's acceptance: ned as registered agent and to accept service	of process for the above sta	
designated in this	application, I hereby accept the appointme	nt as registered agent and ag	gree to act in this capacity.
further agree to c duties, and I am j	comply with the provisions of all statutes reli familiar with and accept the obligations of n	ative to the proper and comp ny position as registered age	iete performance of my nt.
110-1	Krista Ali. Asst.	Secretary on behalf	
	Kula Au	•	rate Services, Inc.
_	(Registered age	ent'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.

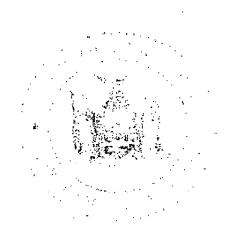
II. Nam	es and business addresses of officers and/or directors:		
A. DIRI	ectors:		
Chairman	ANTHONY P FRASCONE		
Address	69 WATERS EDGE ,CONGERS ,NY 10920		
,			
Vice Chair	(mon)		
Director			
/WILLIAM /			
		r × 28	
			3
Address:			Participantes -
		121 /14	in
B, OFFI	·	S.F.S	Ö
	ANTHONY P FRASCONE		
Address: ,	69 WATERS EDGE .CONGERS NY 10920	- 5111 -	
,	7.5		
Vice Presi	dent:		
Address:		 	
		Andread of the State of the Sta	
Sourceary:			
		,	addrogrammy (* 40 ° 10 ° 10 ° 10 ° 10 ° 10 ° 10 ° 10 °
Trunsacer.	MICHAEL PICKETT		
Address:	18 CORONET AVE LINCROFT N. 07737	,	
NOTE:	friccessor, you may supply an eddendum to the application listing additional office	rs and/or directors:	i.
12	Making Transcol	_	
The offic	Signature of Director or Officer or of director signing this document (and who is listed in number 11 above) affirms	that the facts state	d horein
are true a	nd that he or she is aware that false information submitted in a document to the Deparce felony as provided for in \$ 817.155, F.S.	ariment of State co	mstitutes

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

13. ANTHONY P FRASCONE

State of New York } ss: Department of State

I hereby certify, that the Certificate of Incorporation of ALPHA/OMEGA BUILDING CONSULTING CORP. was filed on 10/27/2014, 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 band and the official seal of the Department of State at the City of Albany, this 23rd day of September two thousand and sixteen,

Brendan W. Fitzgerald Executive Deputy Secretary of State