

F17000004966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

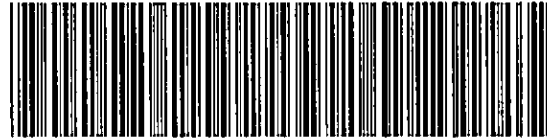
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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S. WARREN

NOV 03 2017

LETTER OF TRANSMITTAL

NASCO CONSTRUCTION SERVICES, INC.
200 Business Park Drive, Suite 302
Armonk, NY 10504
www.nasco-ny.com

914-765-0984
914-765-0538 (Fax)

TO: Division of Corporations

Registration Section

Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

Date: 10/31/17	Job No.:
Attention: Registration Section	
Re: Contract	

COPIES	DATE	NO.	DESCRIPTION
1			Cover Letter with Application
1			New York State Certificate of Existence
1			Check # 11667 in the amount of \$87.50

Remarks:

Signed:

Kathy Cressi, Office Manager

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nasco Construction Services 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:

Joan Dretler
Name of Person
Nasco Construction Services Inc
Firm/Company
200 Business Park Drive 302
Address
Armonk, NY 10504
City/State and Zip code
jdretler@Nasco-NY.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Cresci at (914) 765-0984
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

**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.*

1. Nasco Construction Services Inc.
(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 York 3. 13 3687343
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/02/92 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 200 Business Park Drive Suite 302 Armonk NY 10504
(Principal office address)

(Current mailing address, if different)

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

Name: William H Bauer

Office Address: 1482 SW Glastonberry Avenue

Port Saint Lucie, Florida 34953
(City) (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.

William H Bauer

(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.

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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

President: JOAN DRGTLE

Address: 200 BUSINESS PARK DR. 302
Armonk, NY 10504

Vice President: Edward Hiney

Address: 200 Business Park Dr 302 8
Armonk, NY 10504

Secretary: David Rubinstein

Address: 72 Winant Rd Princeton, NJ 08540

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. _____

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

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STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of NASCO CONSTRUCTION SERVICES INC. was filed on 10/02/1992, 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 seal
of the Department of State at the City of
Albany, this 20th day of October two
thousand and seventeen.*

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*