

F18000001274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

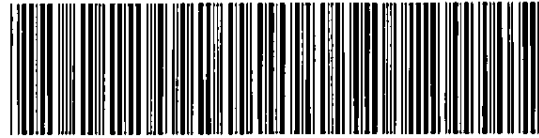
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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U.S. DEPARTMENT OF STATE

MAR 16 2018

Y SULKER

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserve.com
e-mail: info@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 3/15/2018

PRIORITY Routine

OUR REF # (Order ID#) 636595

ORDER ENTITY

OMNIBUILD CONSTRUCTION INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

OMNIBUILD CONSTRUCTION INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MS", written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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. OMNIBUILD CONSTRUCTION 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)

NEW YORK

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

OCTOBER 11, 2011

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)

213 WEST 35TH ST., 7TH FL. NEW YORK, NY 10001

7. _____
(Principal office address)

(Current mailing address, if different)

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

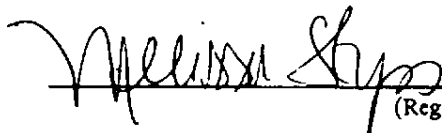
Name: INCORPORATING SERVICES LTD

Office Address: 1540 GLENWAY DRIVE

TALLAHASSEE, Florida 32301
(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.



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

A. DIRECTORS

Chairman: PETER SERPICO

Address: 465 NEXT DAY HILL DRIVE, ENGLEWOOD, NJ 07631

Vice Chairman: APRIL MINGIONE

Address: 19 MIDDLETOWN LINCROFT LANE, LINCROFT, NJ 07738

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: PETER SERPICO

Address: 465 NEXT DAY HILL DRIVE, ENGLEWOOD, NJ 07631

Vice President: APRIL MINGIONE

Address: 19 MIDDLETOWN LINCROFT LANE RD, LINCROFT, NJ 07738

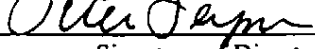
Secretary: _____

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. PETER SERPICO, PRESIDENT

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

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

I hereby certify, that the Certificate of Incorporation of OMNIBUILD CONSTRUCTION INC. was filed on 10/11/2011, under the name of OMNIBUILD/CPG CONSTRUCTION CORP., 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 OMNIBUILD/CPG CONSTRUCTION CORP., changing its name to OMNIBUILD CONSTRUCTION INC., was filed 09/28/2015.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 14th day of March
two thousand and eighteen.*

Brendan W. Fitzgerald
Executive Deputy Secretary of State

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ASST. SEC. ST.