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(Dusiness Estimations)
(Business Entity Name)
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Bekins Commercial Installations 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:		
Beverly A. Jones		
Devery H. Jones Name of Person		
Bekins Commercial Installations Inc		
Firm/Company		
(Corp) 717 E VENICE AVE		
Address		
Venice FL 34a85		
City/State and Zip code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Beverly A. Jones at 941 584-9067 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 \$\Boxed{1}\$ \$78.75 Filing Fee & \$\Boxed{1}\$ \$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FOREIGN CORPORATION TO TRANSACT BU	TUTES, THE FOLLOWING IS SUBMITTED TO ISINESS IN THE STATE OF FLORIDA.	
(Enter name of corporation: must include "INCORPORATED"	Stallations Trc.	
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	COMPANY, COM ORATION,	
(If name unavailable in Florida, enter alternate corporate name add	opted for the purpose of transacting business in Florida)	
2. Nevada 3.	47087 3360	
(State or country under the law of which it is incorporated)	(FEI number, if applicable)	
4. 6-25-2002 5.		
(Date of incorporation)	(Date of duration, if other than perpetual)	
6		
(Date first transacted business in P	lorida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502	Λ	
7. (Corp) 717 EVENICE 1		
(Principal	office address)	
(Current mailine	address, if different)	
(Curen maning)	iodiess, ir different)	
8. Name and street address of Florida registered agent: (P.O. I	Box NOT acceptable) RETARY O	
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine: 1 Island 2d		
Name: Comoration Sci	Island Rd	
Office Address: 1200 South Pine!	Island Rd 55 =	
Plantation	2227/	
(City)	_, Florida \(\frac{335}{255} \) \(\frac{4}{\tau} \) (\(\text{Zip code} \)	
9. Registered agent's acceptance:	(
Having been named as registered agent and to accept service	Of DEOCESS for the above stated composation at the plant	
	Ni /le Pédiciered apent and agues to act in this some sur le	
further agree to comply with the provisions of all statutes rela duties, and I am familiar with and accept the obligations of m	Title to the space and commission was from an access of	
Denise Bell Denis	e Bell, Asst Secretary	
(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: DAVID A CARVSO CEO
Address: 717 E VENICE AVE
VENICE FL 34285
Vice Chairman:
Address:
Director: DAVID A CARUSO CED
Address: 717 E VENICE AUE VENICE FL 34285
Director:
Address:
B. OFFICERS
President: DAVID A CARUSO
Address: 717 E VENICE AVE
Venice FL 34285
Vice President:
Address:
Secretary: Stephen V. Misaneschi
Address: TITE VENICE AUE Venice FL 34285
Treasurer: Otephen I Pisaneschi
Address: JITE VENICE AVE VENICE F1. 34285
NOTE: If necessary, you may attach an adderdum to the application listing additional officers and/or directors.
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
DALLO A DALCO
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavake, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, BEKINS COMMERCIAL INSTALLATIONS, INC., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 25, 2002, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 3, 2018.

Capuste

Barbara K. Cegavske Secretary of State

Electronic Certificate
Certificate Number: C20180803-0031