10:16 AM PDT

TO:18506176383 FROM:9166741357

:9166741357 Page:

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Forty: Department of State

Il vision of Corporation

Executive Thing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

davemoorec@gmail.com
Email Address:\_\_\_\_\_\_

## FOREIGN PROFIT/NONPROFIT CORPORATION DC MOORE ELECTRIC, INC.

| Certificate of Status | 0  |
|-----------------------|----|
| Certified Copy        | 0  |
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Division of Corporations

Estimated Charge \$70.00

Electronic Filing Menu

Corporate Filing Menu

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## COVER LETTER

| Division of Corporations   |  |
|--|--|
| SUBJECT: DC MOORE ELECTRIC INC   |  |
| Name of corporat   | ion - must include suffix  |
| Dear Sir or Madam:   |  |
| The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good Sabove referenced foreign corporation to transact bus | Standing" and check are submitted to register the  |
| Please return all correspondence concerning this ma  | atter to the following:  |
| DAVID MOORE  |  |
| Name   | of Person  |
| DC MOORE ELECTRIC INC  |  |
| Firm/C   | Company  |
| 8763 CUT OFF RD  |  |
| A  | ddress   |
| CASTORLAND, NY 13620   |  |
| City/Sta   | te and Zip code  |
| DMOOREC@GMAIL.COM  |  |
| E-mail address: (to be us  | ed for future annual report notification)  |
| For further information concerning this matter, plea   | se call:   |
| DAVID MOORE at (315  | ) 523- <b>2</b> 696  |
| Name of Person Area C  | 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 & ☐ \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy |

TO:18506176383 FROM:9166741357

## 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.            | DC MOORE EL  | ECTRIC INC  |   | CΔ          | ≃                   |                    |
|---------------|--|---|---|-------------|---------------------|--------------------|
|               | (Enter name of ce "Inc.," "Co.," "Co               | orporation; must include "INCORPORATEL orp," "Inc," "Co," or "Corp.")                                   | )," "COMPANY," "CORPORATION,"   | TALLAN      | 2018 OCT 1          | 77                 |
|               |  |   | · · · · · · · · · · · · · · · · · · ·   | 3× 2        | <u> </u>            | े हैं<br>- इस्तामी |
|               | (If name unavails                                  | ible in Florida, enter alternate corporate nam  | ne adopted for the purpose of transacting bus   | iness in in | or <del>sis</del> ) |                    |
| 2.            | NEW YORK   |   | 3. 83-0608891   | L. W        | ά                   | ·                  |
|               | (State or country                                  | y under the law of which it is incorporated)  | (FEI number, if applicat  | ole) — 🚉    | 37                  |                    |
| 4.            | 04/20/2018   | <u>.</u>  | 5. PERPETUAL  |             |                     |                    |
| (Dat          |  | of incorporation)   | (Date of duration, if other than pe   |             |                     |                    |
| 6.            |  |   |   |             |                     |                    |
| ν.            |  |   | s in Florida, if prior to registration)<br>.1502, F.S., to determine penalty liability)   | -           |                     | -                  |
| 7             | 8763 CUT OFF R                                     | RD, CASTORLAND, NY 13620  |   |             |                     |                    |
| ٠.            |  | · · · · · · · · · · · · · · · · · · ·   | cipal office address)   |             |                     | -                  |
|               |  |   |   |             |                     |                    |
|               | -  | (Current mai  | iling address, if different)  |             |                     | -                  |
|               |  |   |   |             |                     |                    |
| 8.            | Name and stree                                     | et address of Florida registered agent: (I  | P.O. Box NOT acceptable)  |             |                     |                    |
|               | Name:  | LICENSE EXAM SERVICES, LLC  | ·   |             |                     |                    |
| o             | ffice Address:                                     | 4713 WEBBER ST  | <del> </del>  |             |                     |                    |
|               |  | SARASOTA  | , Florida <u>34232</u>  |             |                     |                    |
|               |  | (City)  | (Zip code)  |             |                     |                    |
| H<br>de<br>fu | aving been namesignated in this orther agree to co | ent's acceptance:<br>ed as registered agent and to accept se<br>application, I hereby accept the appoin | rvice of process for the above stated con<br>ntment as registered agent and agree to<br>s relative to the proper and complete pe<br>s of my position as registered agent. | act in th   | is capa             | icity. I           |
|               |  | Robi CALO   | Primar  |             |                     |                    |
|               | _  |   | ed 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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DAVID MOORE, PRESIDENT

13. \_\_

TO:18506176383 FROM:9166741357

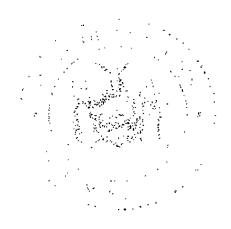
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11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: Address: \_\_ Director: Address: Director: \_ **B. OFFICERS** DAVID MOORE President: 8763 CUT OFF RD, CASTORLAND, NY 13620 Vice President: Address: Secretary: \_\_\_ Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors 25 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.

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## State of New York Department of State } ss

I hereby certify, that the Certificate of Incorporation of DC MOORE ELECTRIC, INC. was filed on 04/20/2018, 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 12th day of October two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State