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# **COVER LETTER**

TO: Registration Section Division of Corporations

Mastinater. pecicilists VVPMO SUBJECT: Name of corporation - must include suffix

Dear Sir or Madam:

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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:

Name of Person Ki HP wr Firm/Company Address City/State and Zip code ( 11 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at ( Å Name of Person Area Code Davtime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee \$\$78.75 Filing Fee & \$\$78.75 Filing Fee & Certificate of Status Certified Copy

\$87.50 Filing Fee. Certificate of Status & Certified Copy

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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	) TO
1. <u>CEMED WATCR &amp; WASTENATER SPECICILISTS</u> T (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc." "Co." or "Corp.")	<u>`</u> ()(
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Fi 2. $\underbrace{\text{NEW}}_{\text{(State or country under the law of which it is incorporated)}}_{3.}$ (FEI number, if applicable)	lorida)
4	
6	2020 FEB 13 PH 2: 26
Office Address: <u>10171 Stringfellow Riva</u> . <u>St. James City</u> . Florida <u>33956</u> (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.

A. DIRECTORS			
□Chairman	Name: Riny 7. BIANALUHO	□ Chairman	Name:
□Vice Chairman	Address: 59 Healey Lane	□Vice Chairman	Address;
Director	Ston Mulle, M/12582	Director	
President		□President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	□Treasurer
🗇 Other	Other	□Other	□Other
⊡Chairman	Name:	Chairman	Name:
⊡Vice Chaiπnan	Address:	□Vice Chairman	Address:
Director		Director	2020
□President		□President	
□Vice President		□Vice President	
Decretary	Treasurer		
Other	Other	Other	2: ) 2::0then Drr: 6
🗍 Chairman	Name:	Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		Director	<u> </u>
□President		DPresident	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	Treasurer
□Other	Other	GOther	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

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

13.

# State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CEMCO WATER & WASTE WATER SPECIALISTS, INC. was filed on 05/14/2008, 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.

The Biennial Statement is past due.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 06th day of February two thousand and twenty.

Brandan C. Hughen

Brendan C Hughes Executive Deputy Secretary of State