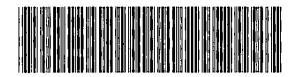
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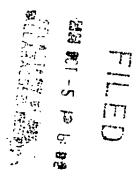
(Requestor's Name)				
(Add	dress)			
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(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	Filing Officer:			

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TO:	Registration Section Division of Corporations			^
SUBJ	FCT: MIDSTATE BASEMENT AU	THORITIES, E	NC	
2. () 25.)		corporation -	must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corplicate of Existence," or "Certificate of referenced foreign corporation to train	f Good Standi	ng" and check are submitt	
Please	return all correspondence concerning	g this matter to	the following:	
BENJA	AMIN S. STRANZL, ESQ.			
		Name of Po	rson	
As Reg	istered Agent for MIDSTATE BASEMI	ENT AUTHOR	ITHS, INC	
		Firm/Compa	nui.	
P.O. B0	OX 3373			
	(* = ±	Address	3	
TAMP.	A, FL 33601-3373			
		Gity/State and	Zip code	
bss@m	antitzlaw.com; eric@midstatebasement.	com		
	E-mail address: (to be used for	future annual report notif	ication)
For fur	ther information concerning this mat	ter, please cal	l:	
ERIC (CHARLES LEACH a	607	366-0691	
	Name of Person	Area Code	Daytime Telephone	e Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations
Please t	ed is a check for the following amounake check payable to: FLORIDA DEP .00 Filing Fee	PARTMENT (Fee & :		\$87.50 Filing Fee, Certificate of Status &

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.

	ONCRETE LEVELING AND LIFTING, IN		
	able in Florida, enter alternate corporate nat		etting business in Florida)
NEW YORK	y under the law of which it is incorporated)	(FEI number, if applicable)	
			f applicable)
10/22/2012	of incorporation)	(Date of duration, if other than perpetual)	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
	(Date first transacted busines (SEE SECTIONS 607,1501 & 607	s in Florida, if prior to registration) [1502, F.S., to determine penalty lia	ibility)
H43 ELMIRA R	OAD, NEWFIELD, NEW YORK, 14867		
			
	(Principal o	office <u>street</u> address)	
	(Principal o	office <u>street</u> address)	indi
	(Principal o	office street address)	
	(Principal o		T
	(Principal o	iling address, if different)	
	(Principal o	iling address, if different)	
Name and stree Name:	(Principal of Current ma	iling address, if different)	
Name and stree	(Principal of Current material address of Florida registered agent: (IBENJAMIN S. STRANZL, ESQ. 2111 WEST SWANN AVE., STE 200	iling address, if different) P.O. Box NOT acceptable)	
Name and <u>stree</u> Name:	(Principal of Current material address of Florida registered agent: (IBENJAMIN S. STRANZL, ESQ. 2111 WEST SWANN AVE., STE 200	iling address, if different) P.O. Box NOT acceptable)	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS						
☐ Chairman	Name: ERIC CHARLES LEACH	□Chairman	Name:			
□Vice Chairman	Address: 1143 ELMIRA ROAD,	∐Vice Chairman	Address:			
□I Director	NEWFIELD, NEW YORK, 14867	□Director				
MPresident		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer		
□Other		□Other		□Other		
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	☐ Vice Chairman	Address:			
□Director		□Director				
□President		□President		<u>-</u>		
□Vice President		□Vice President		····		
☐ Secretary	□Treasurer	□ Secretary		□Treasurer		
□Other		□Other		□Other		
□Chairman	Name:	⊟Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director □		□Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	[]Treasurer	☐ Secretary		□Treasurer		
□Other	□Other	□Other		□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.



State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MIDSTATE BASEMENT AUTHORITIES INC. was filed on 10/22/2012, 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 15th day of September two thousand and twenty.

Brandon C Hylan

Brendan C Hughes
Executive Deputy Secretary of State