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COVER LETTER

	on Section of Corporations				
PE	TRACCOS MANAGEMI	ENT INC			
SUBJECT:	Name	of corporation -	must include suffix		
Dear Sir or Mada	m:				
"Certificate of Ex	oplication by Foreign Co sistence." or "Certificate foreign corporation to to	of Good Standi	ing" and check are subn	t Business in Florida," nitted to register the	
Please return all c XOCHITL PETRA	torrespondence concerni ACCO	ing this matter to	o the following:		
	-	Name of Pe	erson		
PETRACCOS MA	NAGEMENT INC				
	<u> </u>	Firm/Comp	any		
54 BRIGADOON	LN				
		Addres	s		
PALM COAST, FI	. 32137			5	
		City/State and	d Zip code	otification)	
PETRACCOX@G	MAIL.COM				
	E-mail address	s: (to be used fo	r future annual report ne	otification)	
For further inform	nation concerning this n	natter, please ca	11:	2	
Xochitl Petracco 631			871 9907		
		at ()		
Name of	Person	Area Code	Daytime Teleph	none Number	
Registrat Division The Cent 2415 N.	T/COURIER ADDRES ion Section of Corporations tre of Tallahassee Monroe Street, Suite 81 see, FL 32303		MAILING AN Registration So Division of Co P.O. Box 6327 Tallahassee. F	ection orporations	
Enclosed is a che Please make check ☐ \$70.00 Filing	payable to: FLORIDA D Fee S78.75 Filit Certificate	EPARTMENT (ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy	

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. PETRACCOS MANAGEMENT INC 1. (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 (FEI number, if applicable) (State or country under the law of which it is incorporated) (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 54 BRIGADOON LN PALM COAST, FL 32137 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) XOCHITL PETRACCO Name: 54 BRIGADOON LN Office Address: PALM COAST (City) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the $ilde{p}$ lace 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. stered 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	EDWARD PETRACCO		ХОСИГ	TLPETRACCO)
■ Chairman	Name:	☐Chairman	Name:		
□Vice Chairman		□Vice Chairman	Address:PALM COAS	<u>г. 14. 32137</u>	
□Director	TALM COAST, PL 52157	Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	○Treasurer	■ Secretary		∃Treasurer	
□Other	Other	□Other		□Other	
□Chairman	Name:	□Chairman	Nume:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	☐Treasurer	□Secretary		☐Treasurer	
☐Other	☐Other	□Other		□Other	
					2020 H
□Chairman	Name:	□Chairman			:
□Vice Chairman	Address:	□Vice Chairman	Address:	<u>.</u>	9
□Director		□Director			
		Вілисски	· · · · · · · · · · · · · · · · · · ·		- •
□President		□President			<u>6:</u>
		_			6:1:9
		☐ President		□Treasurer	
□Vice President	□Treasurer	□President □Vice President		□Treasurer	1:9
☐ Vice President ☐ Secretary ☐ Other	□Treasurer	☐President ☐Vice President ☐Secretary ☐Other chment will be image ant of State Annual R	ed for reporting p eport form.	□Other	Ę.
□ Vice President □ Secretary □ Other Important Notice: individuals may be 12. □ The officer or dire she is aware that f 8 817.155, FS	☐Treasurer ☐Other Use an attachment to report more than six (6). The attace added to the index when filing your Florida Departme	☐President ☐Vice President ☐Secretary ☐Other	ed for reporting p eport form. that the facts state ittes a third degre	□Other surposes only. No	on-indexed

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of PETRACCOS MANAGEMENT INC was filed on 02/23/2009, under the name of PETRACCO'S LANDSCAPING INC, 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 PETRACCO'S LANDSCAPING INC, changing its name to PETRACCOS MANAGEMENT INC, was filed 02/07/2013.



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WITNESS my hand and the official seal of the Department of State at the City of Albany, this 28th day of September two thousand and twenty.

Braden C Hydra

Brendan C Hughes
Executive Deputy Secretary of State



October 28, 2020

XOCHITL PETRACCO 54 BRIGADOON LN PALM COAST, FL 32137 US

SUBJECT: PETRACCOS MANAGEMENT INC

Ref. Number: W20000124064

We have received your document for PETRACCOS MANAGEMENT INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 920A00021308

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