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To:

Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : 120040000031 Phone : (800)906-9220

Fax Number : (800)906-9880

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

Email Address:	—
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FOREIGN PROFIT/NONPROFIT CORPORATION IMPERIAL CONSTRUCTION GROUP, INC.

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COVER LETTER

TO: Registration Section Division of Corpora			
•	ONSTRUCTION GROUP, INC.		
SUBJECT:	Name of corporation - m	ust include suffix	
Dear Sir or Madam:			
"Certificate of Existence," o	by Foreign Corporation for Autor "Certificate of Good Standing rporation to transact business in	g" and check are submitted	ness in Florida," to register the
Please return all correspond	ence concerning this matter to t	the following:	
STEVEN WEISS			
	Name of Per	son	
ALLSTATE CORPORATE S	ERVICES CORP.		
	Firm/Compar	зу	
2215 Hendrickson Street, Suit	.a 1		
	Address		7.3 †
Brooklyn, NY 11234			
	City/State and	Zip code	N5
FILING@ACS123.COM		C	otion)
	E-mail address: (to be used for	tuture annual report notific	ation)
For further information con	corning this matter, please call	:	
SAL ABECASIS	at (800	906-9220	٠.;
Name of Person	Area Code	Daytime Telephone	Number
STREET/COURI Registration Section Division of Corpor The Centre of Tall 2415 N. Monroe S Tallahassee, FL 3	on rations ahassee treet, Suite 810	MAILING ADDR' Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 32	1 ations
	n: FLORIDA DEPARTMENT O ■ \$78.75 Filing Fee & □ \$	F STATE 678.75 Filing Fee & Certified Copy	\$87.50 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 PLORIDA.

(Enter name of co "Inc.," "Co.," "Co	STRUCTION GROUP, INC. poration; must include "INCORPORATED," p," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	· · · · · · · · · · · · · · · · · · ·
(If name unavaila	ale in Florida, enter alternate corporate name ac	opted for the purpose of transacting busine	ss in Florida)
NEW YORK	3		
(State or country	under the law of which it is incorporated)	(FBI number, if applicable)
(Date	of incorporation) 5.	(Date of duration, if other than per	petual)
······	(Date first transacted business in (SEB SECTIONS 607.1301 & 607.130	Florida, if prior to registration) 2. F.S., to determine panalty liability)	
OOD R OR ANGR	BLOSSOM TRAIL, SUITE #196, ORLANDO		
		e atrept address)	
	• •		-
	(Current mailing	address, if different)	- 7
		m NOM	•
Name and stree Name:	NIKOLOZ MGELADZE		• :
Name:		1196	
Name:	NIKOLOZ MGELADZE	1196	12
	NIKOLOZ MGELADZE 6220 S ORANGE BLOSSOM TRAIL, SUITE		·

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.

A. DIRECTORS NTKOLOZ MGELADZE □Chairman ' Name: □ Chairman 577 N MAIN STREET, SUITE #105 Address: ☐Vice Chairman ☐ Vice Chairman Address: BREWSTER, NY 10509 □Director Director ☐President President ☐ Vice President ☐ Vice President _ ☐ Treasurer ☐ Secretary ☐Treasurer □ Secretary □Other____ Other ____ □ Other _____ □Other ___ Name: Name: Chairman Chairman □Vice Chairman Address: □Vice Chaltman Address: Director □ Director ☐ President DPresident. ☐ Vice President □Vice President ____ Treasurer ☐ Secretary ☐ Treasurer ☐ Secretary Other ___ Other_ Other_____ □Other_____ Name: □ Chairman Name: □ Chairman □Vice Chairman Address:_____ □Vice Chairman Address: Director Director ☐ President □President Vice President ☐ Vice President ___ ☐ Treasurer ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Other _____ Other _____ Other____ □Other ...____ Imperiant 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 Floride Department of State Annual Report form, 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 fellowy as provided for in s.817.155, F.S. 13. NIKOLOZ MGELADZE, PRESIDENT (Typed or printed name and capacity of person algaing application)

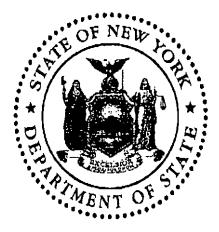
State of New York Department of State } ss

I hereby certify, that the Certificate of Incorporation of IMPERIAL CONSTRUCTION GROUP, INC. was filed on 05/30/2013, 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. I further certify the following:

Certificate of Change was filed on 02/26/2016.

A Biennial Statement was filed 02/18/2021.

I further certify that no other documents have been filed by such corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 18th day of February two thousand and twenty-one.

Braden C Hydra

Brendan C. Hughes
Executive Deputy Secretary of State

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