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TALLAHASSEE, FLORIDA

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6/24/21



1844 Pentfield Road  
Pentfield, New York 14526

WWW.DLFPC.COM

Fax: (585) 348-9052  
Phone: (585) 381-8240

June 7, 2021

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

*Re: Application by Foreign Corporation for Authorization to Transact Business in Florida*

Dear Sir or Madam:

Enclosed please find the Application by a Foreign Corporation for Authorization in Florida for Salvatore's Old Fashioned Pizzeria Since 1978, Inc. Also enclosed please find an original certificate of existence from New York state and a check in the amount of \$78.75 for the filing fee and certified copy.

If you have any questions, please do not hesitate to contact me at (585) 748-5952 or by e-mail at [ahallings@dlfpc.com](mailto:ahallings@dlfpc.com)

Sincerely,

  
AnnMarie Hallings  
Law Clerk

Enc.

Application for Authorization  
Check for \$78.75  
Original Certificate of Existence

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Salvatore's Old Fashioned Pizzeria Since 1978, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

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:

AnnMarie Hallings

Name of Person

Dawson Law Firm, P.C.

Firm/Company

1844 Penfield Road

Address

Penfield, New York 14526

City/State and Zip code

admin@dlfpc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AnnMarie Halling

at ( 585 ) 381-8240

Name of Person

Area Code

Daytime 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 & Certificate of Status    ☒ \$78.75 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 FLORIDA.*

1. Salvatore's Old Fashioned Pizzeria Since 1978, Inc.

(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)

2. New York

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. October 2, 2008

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6.

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1900 Empire Boulevard, Suite 255, Webster, New York 14580

(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Incorporating Services, Ltd.

Office Address: 1540 Glenway Drive

Tallahassee

(City)

, Florida 32301

(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.*

ASHLEY WRIGHT - ASSISTANT  
SECRETARY

Digitally signed by ASHLEY WRIGHT - ASSISTANT SECRETARY  
DN: cn=ASHLEY WRIGHT - ASSISTANT SECRETARY, o=INCORPORATING  
SERVICES, LTD., ou, email=AWRIGHT@INCSESV.COM, c=US  
Date: 2021.06.04 14:07:07 -04'00'

(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.

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

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**A. DIRECTORS**

☐ Chairman Name: Salvatore Fantauzzo  
☐ Vice Chairman Address: 1900 Empire Blvd., Suite 255  
☒ Director Webster, New York 14580  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Ashley Solomianko  
☐ Vice Chairman Address: 1900 Empire Blvd., Suite 255  
☒ Director Webster, New York 14580  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Silvestro N. Fantauzzo  
☐ Vice Chairman Address: 1900 Empire Blvd., Suite 255  
☒ Director Webster, New York 14580  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ 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.

13. Salvatore Fantauzzo, President

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

**State of New York**  
**Department of State** } ss:

I hereby certify, that the Certificate of Incorporation of SALVATORE'S OLD FASHIONED PIZZERIA SINCE 1978, INC. was filed on 10/02/2008, 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. I further certify the following:

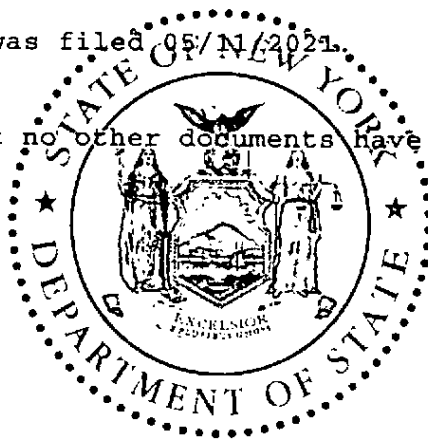
A Biennial Statement was filed 05/06/2013.

A Biennial Statement was filed 11/02/2017.

A Biennial Statement was filed 10/02/2018.

A Biennial Statement was filed 05/11/2021.

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 11th day of May two  
thousand and twenty-one.*

*Brendan C. Hughes*

*Brendan C Hughes  
Executive Deputy Secretary of State*