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		COVER LET	TER	
	egistration Section			
	ivision of Corporations			
SUBJEC	T:	tions. Inc		
	ł	Name of corporation - m	ust include suffix	
Dear Sir o	r Madam:			
"Certifica		tificate of Good Standing	norization to Transact Busines: 2° and check are submitted to r Florida.	
Please reu	urn all correspondence co	oncerning this matter to t	he following:	
Dean DeN	•	-	-	
		Name of Pers	on	
DBS Build	ing Solutions			
		Firm/Compan	V	
815 Reserv	oir Ave		, ,	
		Address		
Cranston, I	RI 02910			
		City/State and Z	in code	
ddenuccio(a)dbsbuildingsolutions.com	·	· · · · · ·	
	., .		iture annual report notificatior	1)
	r information concerning	this matter plass call:		
For furthe	r mornation coaccining	ins matter, prease can.		
For furthe				
For furthe Scott Salva	nti	508 (15-0164	
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Scott Salva		at () _		ber
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Scott Salva N S R D T	lame of Person FREET/COURIER AD egistration Section ivision of Corporations he Centre of Tallahassee	at () Area Code DRESS:	Daytime Telephone Num MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327	:
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Scott Salva N S' R D TT 2- Ta Enclosed Please mak	lame of Person TREET/COURIER AD egistration Section ivision of Corporations he Centre of Tallahassee 415 N. Monroe Street, Su allahassee, FL 32303 is a check for the followin e check payable to: FLOR	at () Arca Code DRESS: iite 810 ng amount: IDA DEPARTMENT OF	Daytime Telephone Num MAILING ADDRESS: Registration Section Division of Corporation: P.O. Box 6327 Tallahassee, FL 32314 STATE	: \$
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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 TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Deanco Building Solutions, Inc

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

ble in Florida, enter alternate corporate nan	ie adopte	ed for the purpose of transac	cting business in Florida	
	, 47-5(3.			
under the law of which it is incorporated)		(FEI number, if applicable)		
	5.			
(Date of incorporation)		(Date of duration, if other than perpetual)		
(Date first transacted business			bility)	
e. Cranston, RI 02910				
(Principal o	ffice <u>str</u>	eet address)		
(Current mai	ling add	ress, if different)		
t address of Florida registered agent: (P	O Bo	x NOT accentable)	: N	
· ·	.0. 10.	(<u>NOL</u> acceptanie)		
			JUN 2	
116 17th St				
		2224/	19 <u>m</u>	
Belleair Beach		, Florida ³³⁷⁸⁶	- 200 ≩ O	
	y under the law of which it is incorporated) of incorporation) (Date first transacted business (SEE SECTIONS 607.1501 & 607 e. Cranston, RI 02910 (Principal o (Current mai t address of Florida registered agent: (F Dianne Squizzero	3. 47-56 y under the law of which it is incorporated) 5	y under the law of which it is incorporated) (FEI number, if 5. of incorporation) (Date of duration, if oth (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty lia e. Cranston, RI 02910 (Principal office <u>street</u> address) (Current mailing address, if different) t address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Dianne Squizzero	

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.

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	Dean DeNuccio Name:	□Chairman	Name:	
□Vice Chairman	815 Reservoir Ave Address:	□Vice Chairman	Address:	. <u></u> »
Director	Cranston, RI 02910	Director		
President		□President		
□Vice President		□Vice President		
Secretary	Treasurer	Secretary	⊡ T	reasurer
Other	Other	□Other	Do	ther
Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	⊡Vice Chairman	Address:	
Director		Director		
□President		□President		
□Vice President		□Vice President		
Secretary	Treasurer	Secretary	0 1	reasurer
	Other	Other	O	ther
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
□President		□President		
□Vice President		□Vice President		
Secretary	Treasurer	□Secretary	⊡T	reasuret
Other	Other	□Other	□0	ther

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 14 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.	Dean	DeNuccio	President
		(Typed or printed name)	and capacity of person signing application)



State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

CERTIFICATE OF GOOD STANDING

I. Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

Deanco Building Solutions, Inc

is a Rhode Island Business Corporation organized on **September 09, 2015**. I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

This certificate is not to be considered as a notice of the corporation's tax status. financial condition or business practices: such information is not available from this office.



SIGNED and SEALED on

June 15, 2021

Tulli U. Kolen

Secretary of State

Certificate Number: 21060060090 Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx Processed by: dantonelli