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COVER LETTER

TO:	Registration Section Division of Corporations				
(11.11) F	M:	Name of corporation		1 -	
SUBJ	ECI: / ///20/	Marson Comment	1.15	Ca. Lu.	<u></u>
	•	Name of corporation	ı - must i	nctude surfix	
Dear S	ir or Madam:				
"Certif	closed "Application by Fore icate of Existence," or "Cert referenced foreign corporation	ificate of Good Star	nding" an	d check are subi	
Please	return all correspondence co	-		ollowing:	
	Patrick	Micel,			
!		Name of	Person	·.	
	Miceli	Contraction	1.	Inc	
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	patrick @	mice li bu	lors	com	
	/ E-mail a	iddress: (to be used	for future	annual report n	otification)
or fur	ther information concerning	this matter, please	call:		
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	Palrick Micel Name of Person	nt (_63/)	903-65	<u> </u>
	Name of Person	Area Coo	le	Daytime Teleph	ione Number
	STREET/COURIER AD Registration Section Division of Corporations	DRESS:		MAILING AI Registration So Division of Co	ection rporations
	The Centre of Tallahassee 2415 N. Monroe Street, Su Tallahassee, Fl. 32303	ite 810		P.O. Box 6327 Tallahassee, Fl	
Please:		DA DEPARTMENT	3 \$78.75	TE Filing Fee & ed Copy	S87.50 Filing Fee. Certificate of Status & Certified Conv

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 Miceli Contracting Co., 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)

4. May 7 2013

(Date of incorporation)

(Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Patrick Micel:

801. S. Olive St. Unit 430

Wast Pelm Beach Florida 33401

(City) (Zip code) Name: Office Address: 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			<u> </u>				
□Chairman	Name: Petrick Miceli	□Chairman	Name:				
□Vice Chairman	Address: 47 Hill St Est	□Vice Chairman	Address:				
□Director	Wed, P.L. N. Y. 11792	□Director					
President		□President					
□Vice President		□ Vice President					
☐ Secretary	□Treasurer	Secretary	□Treasurer				
Other	Other	□Other	Other				
b							
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				
□ 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 \$.817.155 F.S.							
13. Petricle Miceli - President							
(Typed or printed name and capacity of person signing application)							

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: MICELI CONTRACTING CO., INC.

DOS ID Number: 4399335

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 05/07/2013

Statement Status: CURRENT Statement Due Date: 05/31/2023

No information is available from this office regarding the financial condition, business activity or practices of this entity.



W!TNESS my hand and official seal of the Department of State, at the City of Albany, on November 16, 2021 at 08:56 A.M.

Brandon C. Higher

ROSSANA ROSADO, Secretary of State

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100000639957 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

Miceli Contracting 47 Hill Street East Wading River N.Y. 11792

Please Mail to N.Y. address

certificate etc. Any Problems

Please Call 631-905-6510.

I need my Sunbig Pesc/Raistretion

For Polm Beach Conty Likensing Heaving

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