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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	FCT. CAJ CONSTRUCTION COR	Р.		
3000		f corporation -	must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Conficate of Existence," or "Certificate or referenced foreign corporation to tra	of Good Stand	ing" and check are submi	Business in Florida." itted to register the
Please	return all correspondence concerning	ng this matter t	o the following:	
Christo	s Parlionas			
		Name of P	erson	
CAJ C	ONSTRUCTION CORP.			
	·-	Firm/Comp	any	
18-76	STEINWAY STREET			
		Addres	ss	
ASTO	RIA, NY 11105			
		City/State an	d Zip code	
ANGE	LO@CAJCONSTRUCTIONCORP.CO			
	E-mail address:	(to be used fo	r future annual report not	tification)
For fu	ther information concerning this ma	atter, please ca	11:	
ANGE	LO CAMISA	347	6505404	
	Name of Person	at (347 Area Code	Daytime Telepho	one Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	3 :	MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction porations
Please	ed is a check for the following amo make check payable to: FLORIDA DE	PARTMENT (OF STATE \$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.

"Inc.," "Co.," "C	forp," "Inc," "Co," or "Corp.")		
	CAJ Cont	racting Corp. dopted for the purpose of transacting business in F	*
(If name unavail	able in Florida, enter alternate corporate name a	dopted for the purpose of transacting business in F	Plorida)
2. NEW YORK	3	36-482 2380	*
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. 10/23/2015	``````````````````````````````````````	CURRENT	
(Date	of incorporation)	(Date of duration. if other than perpetual)	
6. N/A			
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		
1876 STEINWA'		72.1 i.s., to determine penalty hability)	
7. <u> </u>	Y STREET ASTORIA, NY 11105 (Principal offic	e street address)	~
1876 STEINWA	Y STREET ASTORIA, NY 11105	5 <u>man</u> 11 man 1 m	7021 NOV
	(Current mailing	address, if different)	
			9
8. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	79 177
Name:	CHRISTOS PARLIONAS		2: 38
Office Address:	2565 SW IMPORT DR.	<u>حَدِ لَنَّم</u> <u></u>	ယ ထ
	PORT SAINT LUCIE	. Florida 34987	
	(City)	(Zip code)	
Having been nam designated in this further agree to c	application, I hereby accept the appointme	e of process for the above stated corporation ent as registered agent and agree to act in th lative to the proper and complete performand ition as registered agent.	is capacity. 1

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.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS	•					
□Chairman	Name: CHRISTOS T PARLIONAS	□Chairman	Name:			
□Vice Chairman	2565 SW IMPORT DR. Address:	□Vice Chairman	Address:			
Director	PORT SAINT LUCIE, FL 34987	□Director	BAYSIDE, NY 11361			
President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	□Other	C.O.O	Other			
	NMMY PALIS					
□Chairman	Name: JIMMY PALIS	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	COLLEGE POINT, NY 11356	□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. Christos Parlionas 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.

CHRISTOS PARLIONAS - PRESIDENT CAJ CONSTRUCTION CORP.

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: CAJ CONSTRUCTION CORP.

DOS ID Number: 4839217

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 10/23/2015

Statement Status: CURRENT Statement Due Date: 10/31/2021

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



WITNESS my hand and official seal of the Department of State, at the City of Albany, on November 02, 2021 at 03:50 P.M.

ROSSANA ROSADO, Secretary of State

Brandon C Hughen

By Brendan C. Hughes
Executive Deputy Secretary of State

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