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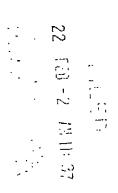
(R	equestor's Name)			
(A	ddress)			
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PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Nan	ne)		
(Document Number)				
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T. LEMIEUX

COVER LETTER

10:	Division of Corporations				
SUBJ	ECT:	K-Four C	onstructio	n Corp.	
3000		Name of corpora	tion - must	include suffix	
Dear S	Sir or Madam:				
"Certi	ficate of Existence," of	by Foreign Corporation or "Certificate of Good! rporation to transact but	Standing" a	nd check are sub	
Please	return all correspond	ence concerning this ma	atter to the	following:	
		Kevin	P. Joyce		
		Name	of Person	_	
		K-Four Con	struction (Corp.	
			Company		
		23 Wilson	Street 2nd	i Fi	
			ddress		
		Hartsdal	e, NY <u>105</u>	530	
			ite and Zip		
		kfourjaz@	gmail.co	om	
	F	-mail address: (to be us	sed for futu	e annual report n	otification)
For fu	rther information con-	cerning this matter, plea	ase call:		
Kevir	n P. Joyce	at (<u>91</u> 4	₎ 61:	3-7150	
	Name of Person	Area		Daytime Telepl	none Number
	STREET/COURIL Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	n ntions hassee reet, Suite 810		MAILING A Registration S Division of Co P.O. Box 6321 Tallahassee, F	ection orporations 7
Please		following amount: FLORIDA DEPARTM! \$78.75 Filing Fee & Certificate of Status	□ \$78.7	ATE 5 Filing Fee & fied 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" "Corp (If name unavailable New York (State or country unavailable) November 2nd,	oration; must include "INCORPORATED, " "Inc." "Co," or "Corp.") in Florida, enter alternate corporate name 3. inder the law of which it is incorporated)				
New York (State or country us) November 2nd,	3.		ting business in Florida)		
New York (State or country us) November 2nd,	3.				
November 2nd,	nder the law of which it is incorporated)				
	•	(fEl number, if applicable)			
	November 2nd, 2017 5. National State of State o				
(Date of incorporation) (Date of duration, if other			er than perpetual)		
23 Wilson Street		ice <u>street</u> address)			
Name and street a	(Current mailin 4.dd <u>ress</u> of Florida registered agent: (P.G	ng address, if different) O. Box NOT acceptable)	:: P		
	Kevin P. Joyce	•			
	5441 Finley Drive		- 6 - 2 - 2 <u>- 1</u>		
Ī	Port Orange	Florida 32127			
	(City)	(Zip code)	D		
	's acceptance:		ري		

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.

Registered agent's signature)

and I am familiar with and accept the obligations of my position as registered agent.

A. DIRECTORS				
□Chairman	Name: Kevin P. Joyce	□Chairman	Name:	
□Vice Chairman	Address: 46 Cowles Avenue	□Vice Chairman	Address:	
□Director	Yonkers, NY 10704	□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:	<u> </u>
□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
	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department Signature of Director of	nt of State Annual Re		rposes only, Non-indexed
	7			
The officer or direct she is aware that far s.817.155, F.S.	ctor signing this document (and who is listed in number also information submitted in a document to the Departr	11 above) affirms the ment of State constitu	at the facts stated tes a third degree	herein are true and that he of felony as provided for in
13. Kevin P. Jo	byce, President		_	

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Acting 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: K-FOUR CONSTRUCTION CORP.

DOS ID Number: 5228676

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 11/02/2017

Statement Status: PAST DUE DATE

Statement Due Date: 11/30/2019

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 January 31, 2022 at 02:05 P.M.

ROBERT J. RODRIGUEZ, Acting Secretary of State

Brandon C. Higher

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100001001359 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov