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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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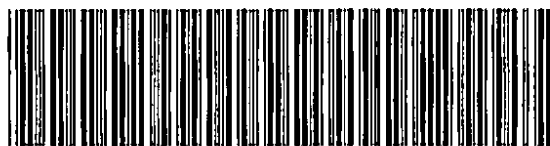
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOUIS RICHARD CONSTRUCTION COMPANY
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:

Name of Person
LOUIS RICHARD CONSTRUCTION COMPANY
Firm/Company
99 Stanton Avenue.
Address
Plymouth Meeting PA 19462.
City/State and Zip code
lrccompany115@gmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jean M. Gegliardi at (215) 482-9110.
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**

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$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. LOUIS RICHARD CONSTRUCTION COMPANY
(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. Pennsylvania 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 4/15/1991 5. _____
(Date of incorporation) (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. 319 N. Easton Road Willow Grove PA 19090
(Principal office street address)

99 Stanton Avenue Plymouth Meeting PA 19462
(Current mailing address, if different)

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

Name: Joan M. Gagliardi

Office Address: 1059 Ocean Drive

Summerland Key, Florida 33042
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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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.

Joan M. Gagliardi
(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]:

A. DIRECTORS

☐ Chairman

Name: Joan M. Gagliardi
% Louis Richard Construction Co.

☐ Vice Chairman

Address: 99 Stanton Avenue

☐ Director

Plymouth Meeting PA
19462

☒ 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

☐ 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. _____

Joan M. Gagliardi
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. _____

Joan M. Gagliardi
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

02/16/2022

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

LOUIS RICHARD CONSTRUCTION COMPANY

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

A handwritten signature in cursive script, reading "Leigh M. Chapman".

Acting Secretary of the Commonwealth

Certification Number: TML220215JF1841-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>