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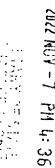
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### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: ARCTIC AIR MECHANICAL CONP.		
	Name of corporation - must include suffix		
Dear S	ir or Madam:		
"Certif	closed "Application by Foreign Corporation for Authorization to Transact Business in Florida feate of Existence," or "Certificate of Good Standing" and check are submitted to register the referenced foreign corporation to transact business in Florida.		
Please	return all correspondence concerning this matter to the following:		
	A H NATALE		
ī-	Name of Person		
	A. H. NATALE  Name of Person  ARCTIC SIN MECHANICAL (ON).  Firm/Company		20
	1 in a Company		1022 NOY
	1347 2095T.  BAYSIDE N.Y. 11360		0Y .
	Address		-7
	BAYSIDE N.Y. 11360		至
	City/State and Zip code	<del></del>	<del></del>
	City/State and Zip code  MNARCTICAIR BVERIZON. NET	217	<u>သ</u>
	E-mail address: (to be used for future annual report notification)		
For fur	ther information concerning this matter, please call:		
AN	Name of Person at (917) Area Code Daytime Telephone Number		
	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		
Please r	ed is a check for the following amount:  make check payable to: FLORIDA DEPARTMENT OF STATE  .00 Filing Fee	Status &	Š.

## 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.

	•	name adopted for the purpose of transacting busine	ess in Florida)
	N.Y.	$\frac{3}{2}$ 3. $\frac{363868}{\text{(FEI number, if applicable}}$	
(State or country	under the law of which it is incorporat	ed) (FEI number, if applicable	:)
6/0	12004	5(Date of duration, if other than per	
(Date	of incorporation)	(Date of duration, if other than per	petual)
		ness in Florida, if prior to registration)	
	_	607.1502, F.S., to determine penalty liability)	
13-1		(SIDE N.Y. 11360	202
	•	al office street address)	2022 NOV -7
	SAME AS	ABOVE	<del>`</del>
	(Current	mailing address, if different)	
			<u> </u>
Name and street	address of Florida registered agent	(P.O. Box NOT acceptable)	) — — — — — — — — — — — — — — — — — — —
Name and street Name:	A. M. NATALE  1945 S OCEAN D  HALLANDALE BEA  (City)	(P.O. Box NOT_acceptable)	PH 4: 3:

#### 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.

(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.

#### A. DIRECTORS Name: ANGELO NATALE Chairman 🏋 □ Chairman □Vice Chairman Address: 1341 □Vice Chairman Address: BAYS.DE Director □ Director 11360 President □President ☐ Vice President □Vice President □Secretary □ Treasurer □ Secretary ☐ Treasurer □Other \_\_\_\_\_ Other Other □ Chairman □ Chairman Name: □Vice Chairman ☐ Vice Chairman Address: □ Director ☐ Director □ President ☐ President XVice President □ Vice President ☐Treasurer 7, 3 □Treasurer □ Secretary □ Secretary □Other \_\_\_\_ ☐Other \_\_\_\_\_ Other □Other □Chaiπnan □Chairman Name: Name: \_\_\_\_\_ □Vice Chairman Address: Address: \_\_\_\_\_ □ Vice Chairman □ 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. 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.

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ, 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:** 

ARCTIC AIR MECHANICAL CORP.

**DOS ID Number:** 

3718944

**Entity Type:** 

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

09/10/2008

**Statement Status:** 

**CURRENT** 

Statement Due Date:

09/30/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

**Document Type:** 

CERTIFICATE OF INCORPORATION

Date of Filing:

09/10/2008

**Entity Name:** 

ARCTIC AIR MECHANICAL CORP.

**Document Type:** 

BIENNIAL STATEMENT

Date of Filing:

10/20/2010

**Effective Date:** 

09/01/2010

**Document Type:** 

BIENNIAL STATEMENT

Date of Filing:

10/15/2012

**Effective Date:** 

09/01/2012

Page 1 of 2

**Document Type:** 

**BIENNIAL STATEMENT** 

Date of Filing:

10/26/2022

**Effective Date:** 

09/01/2022

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 October 31, 2022 at 12:33 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heylan

By Brendan C. Hughes Executive Deputy Secretary of State

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2022

ANGELO NATALE ARTIC AIR MECHANICAL CORP. 1347 209 ST BAYSIDE, NY 11360

SUBJECT: ARTIC AIR MECHANICAL CORPORATION

Ref. Number: W22000132849

We have received your document for ARTIC AIR MECHANICAL CORPORATION and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 022A00023566

CERT. GOOD STANDANDINL

OR

CENT. OF EXPENTICE

RECEIVED