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S. FRANKLIN NOV 2 9 2022

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	FCT. CONSTRUCTION FUND C	CONTROL, INC		
30 D 0		of corporation -	must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Concate of Existence," or "Certificate referenced foreign corporation to the contract of the co	of Good Stand	ing" and check are submit	Business in Florida," tted to register the
Please	return all correspondence concern	ing this matter t	o the following:	
NILES	H PATEL			
		Name of Po	erson	
CONST	TRUCTION FUND CONTROL, INC			
		Firm/Comp	any	
РО ВО	X 600683			£3
	<u> </u>	Addres	s	
NEWT	ON, MA 02460			
		City/State and	l Zip code	1
PATEL	@CONSTRUCTIONFUNDCONTR	OL.COM		بسبب د . ش
	E-mail address	: (to be used for	r future annual report noti	fication)
For furt	ther information concerning this m	atter, please cal	1:	•-
NILESH PATEL		at (617	203-2034	
	Name of Person	Area Code	Daytime Telephon	e Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING ADD Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL	ion orations
Please m	ed is a check for the following amonake check payable to: FLORIDA DE 00 Filing Fee	EPARTMENT O g Fee & 🔲 S	OF STATE \$78.75 Filing Fee & J 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.

If name univails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
NA COLOTTICE		
(State or country	y under the law of which it is incorporated)	(FEI number, if applicable)
	5.	
(Date	of incorporation)	(Date of duration, if other than perpetual)
		<u> </u>
	(Date first transacted business i	n Florida, if prior to registration) 502, F.S., to determine penalty liability)
29 GAMMONS I	ROAD, WABAN MA 02468	$\dot{\sim}$
	,	ng address, if different)
Name and stree	,	ng address, if different)
Name:	(Current maili	ng address, if different)
Name:	(Current mailiet address of Florida registered agent: (P. ROHIT TALWALKAR 4144 PINE RIDGE LN	ng address, if different) O. Box NOT acceptable)
Name:	(Current mailiet address of Florida registered agent: (P. ROHIT TALWALKAR 4144 PINE RIDGE LN	ng address, if different)
Name: office Address: Registered ago faving been namesignated is this arther agree to co	(Current maili et address of Florida registered agent: (P. ROHIT TALWALKAR 4144 PINE RIDGE LN WESTON (City) ent's acceptance: led as registered agent and to accept serve application, I hereby accept the appoint	ng address, if different) O. Box NOT acceptable) Florida Florida (Zip code) vice of process for the above stated corporation at the ment as registered agent and agree to act in this capa relative to the proper and complete performance of ment as the proper and complete performance of ment as registered agent and complete performance of ment as the proper and complete performance of ment as the proper and complete performance of mental states.

11. For initialindexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

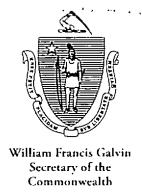
under the lav of which it is incorporated.

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

A. DIRECTORS **NILESH PATEL** Name: Chairman □Chairman 29 GAMMONS ROAD □Vice Chairman Address: ☐ Vice Chairman Address: **NEWTON, MA 02468** ☐ 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 □Treasurer □ Secretary □Treasurer ☐ Secretary □Other _____ □ Chairman Name: _____ Name: □ Chairman □Vice Chairman Address: □Vice Chairman Address: ☐ Director □ Director □ President ☐ President ☐ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer □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 NICESH PATEL AS PRESIDENT 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

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 o 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.

,, NILESH PATEL, PRESIDENT



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston. Massachusetts 02133

October 11, 2022

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office.

CONSTRUCTION FUND CONTROL, INC

is a domestic corporation organized on **July 9, 2018**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



Processed By: BOD

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Ellian Revin Gallein