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S. FRANKLIN

JAN - 4 2023

COVER LETTER

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TO: Registration Section Division of Corporations			
SUBJECT: Blacktop Unlim Name of corporation	ited Inc		
Name of corporation	- must include suffix		
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," or "Certificate of Good Stan above referenced foreign corporation to transact business."	iding" and check are submitted to register the		
Please return all correspondence concerning this matter	r to the following:		
Anthony Farine Name of	Person		
First Choice Son	Person Ptwash LLC		
Firm/Con	npany		
12335 Lagura	Valley Terrace		
Addi			
Boynton Beach 1	=L 33473 9		
•			
in on stop 131 @ E-mail address: (to be used	for future annual report notification)		
For further information concerning this matter, please of	,		
10. Tartier information concerning this matter, preases	tan.		
Anthory Farihella at 5/6 Name of Person Area Cod	1455 2100		
Name of Person Area Cod	le Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Registration Section			
Division of Corporations The Centre of Tallahassee P.O. Box 6327			
2415 N. Munroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314		
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT S70.00 Filing Fee Certificate of Status	COF STATE S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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.

(Enter name of	top Unlimited Inc. corporation; must include "INCORPORATED," "COMPANY," "CORPORATION"	DN,"		
"Inc.," "Co.," "(Corp," "Inc." "Co." or "Corp.")			
	First Choice Softwash Inc			
	ilable in Florida, enter alternate corporate name adopted for the purpose of transact	•		
2. <u>New</u>	try under the law of which it is incorporated) 3. 33 25562)_		
(State or count	try under the law of which it is incorporated) (FEI number, if a	(FEI number, if applicable)		
4 Jun	<u>e 10 th</u> , 1996 5.			
(Dat	te of incorporation) 5. (Date of duration, if other	r 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	lity)		
10006				
7. <u>14060</u>	Laguna Valley Terrace, Bounton Beach (Principal office street address)	, FL 33473		
		<u>د</u> ر ،		
	(Principal office street address) (erside Dr. Wantagh, NY 11793 (Current mailing address, if different)	در. 		
		<u>د</u> ر ،		
2752 Riv		در. 		
2752 Piv.	Current mailing address, if different) cet address of Florida registered agent: (P.O. Box NOT acceptable)	ب ب ب		
2752 Piv. 8. Name and streen	cet address of Florida registered agent: (P.O. Box NOT acceptable) Anthony Farinella	در. 		
2752 Piv. 8. Name and stree Name:	reside Dr. Wantagh NY 11793 (Current mailing address, if different) ret address of Florida registered agent: (P.O. Box NOT acceptable) Anthony Farinella 12335 Laguna Valley Terrace	ب ب ب		
2752 Piv. 8. Name and stree Name:	reside Dr. Wantagh NY 11793 (Current mailing address, if different) ret address of Florida registered agent: (P.O. Box NOT acceptable) Anthony Farinella 12335 Laguna Valley Terrace	ب ب ب		
2752 21V	cet address of Florida registered agent: (P.O. Box NOT acceptable) Anthony Farinella	ب ب ب		

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.

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: Anthony Fannella	□ Chairman	Name:	<u> </u>			
□Vice Chairman	Address: 2752 Riverside Dr.	□Vice Chairman	Address:				
□Director	Wantagh, NY 11793	□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 □			
				 : !			
□Chairman	Name:	Chairman	Name:	<u> </u>			
□Vice Chairman	Address:	□Vice Chairman	Address:	· 1			
□Director		□Director		<u></u>			
□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.							
12	Signature of Director o	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 of 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. Anthony Farinelly (Directive at the facts stated herein are true and that he of 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.							
(Typed or printed name and capacity of person signing application)							

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: BLACKTOP UNLIMITED INC.

DOS ID Number: 2037645

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 06/10/1996

Statement Status: CURRENT
Statement Due Date: 06/30/2024

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 15, 2022 at 11:47 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heylan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100002500345 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

To whom it may concern,

I, Anthony Farinella, own the business name "First Choice Softwash LLC" (L220000452908)

I wish to use this same business name as an alternate business name.

If there are any questions, you can contact me at the phone number or email below

Sincerely,

. . .

Anthony Farinella 516-455-2100 nonstop131@gmail.com