

F23000000843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

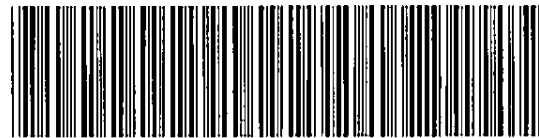
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

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AND  
FILED

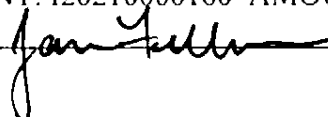
2023 FEB 10 AM 11:27

CLERK OF THE COURT

FEB 10 2023  
K. Brumby

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$ 87.50

AUTHORIZATION SIGNATURE: 

Peter Certo Corporation

**Business Name**

**Document Number, (if known):**

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait ☐ Photocopy

☒ **Certified Copy of the Articles of Organization**

☐ **Certificate of Status**

**NEW FILINGS**

**AMMENDMENTS**

☐ Profit

☐ Amendment

☐ Not for Profit

☐ Designation of R.A. Officer/Director

☐ Limited Liability

☐ Change of Registered Agent

☐ Domestication

☐ Revocation of Dissolution

☐ Other

☐ Merger

☐ **CORP**

☐ **Conversion**

☐ **PLLC**

☐ **Amended and restated Articles**

☐ **Statement of Authority**

**OTHER FILINGS**

**REGISTRATION/QUALIFICATIONS**

☐ Annual Report

☒ Foreign filing

☐ Fictitious Name

☐ Limited Partnership

☐ Reinstatement

☐ APOSTILLE() ☐

☐ Other

**Country**

**EXAMINER'S INITIALS:** ☐

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Peter Certo Corporation

\_\_\_\_\_  
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:

Christopher J. Lofstrand

\_\_\_\_\_  
Name of Person

Peter Certo Corporation

\_\_\_\_\_  
Firm/Company

PO Box 380

\_\_\_\_\_  
Address

West Seneca, NY 14224

\_\_\_\_\_  
City/State and Zip code

thecertoholdinggroup@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher J. Lofstrand

at ( 716 ) 609-4075

\_\_\_\_\_  
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**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
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.*

1. PETER CERTO CORPORATION  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

PETER CERTO CORP

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 16-0841505  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/27/1957 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. 1876 NIAGARA FALLS BLVD, SUITE 101C, TONAWANDA, NY, UNITED STATES, 14150  
(Principal office street address)

PO BOX 380, WEST SENECA, NY 14224

(Current mailing address, if different)

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

Name: Anthony P. Certo

Office Address: 7619 Toscana Blvd

Orlando, Florida 32819  
(City) (Zip code)

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AND  
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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.*

Anthony P Certo  
(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: Joseph J. Certo  
☐ Vice Chairman Address: 2657 St. Joseph Dr East  
☐ Director Dunedin, FL 44698  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Christopher J. Lofstrand  
☐ Vice Chairman Address: 5113 Tuscarora Rd  
☐ Director Niagara Falls, NY 14304  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Anthony P. Certo  
☐ Vice Chairman Address: 7619 Toscana Blvd  
☐ Director Orlando, FL 32819  
☐ 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.  Christopher J. Lofstrand as Vice President  
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. Christopher J. Lofstrand - Vice President

(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: PETER CERTO CORPORATION  
DOS ID Number: 163762  
Entity Type: DOMESTIC BUSINESS CORPORATION  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 02/27/1957  
  
Statement Status: CURRENT  
Statement Due Date: 02/28/2025

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 February 10, 2023 at 10:14 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

*Brandon C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State