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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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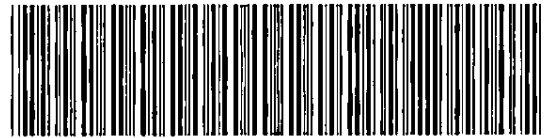
(Business Entity Name)

(Document Number)

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S. ROBERTS

FEB 27 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DATA-STRUCTION INC.

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Allen

Name of Person

United Corporate Services, Inc.

Firm/Company

80 State Street, Suite 1101

Address

Albany, NY 12207

City/State and Zip Code

joe@completeshreddingsolutions.com

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____
Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 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. Data-Struction Inc.
(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. New York 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/16/2008 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. 3550 HAMPTON ROAD, Oceanside, NY 11572
(Principal office street address)

(Current mailing address, if different)

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

Name: United Corporate Services, Inc.

Office Address: 3458 Lakeshore Drive

Tallahassee, Florida 32312
(City) (Zip code)

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.

Michael A. Barr President
(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]:

2023 FEB 21 11 09:10

A. DIRECTORS

| | | | |
|---|---|---|--|
| <input type="checkbox"/> Chairman | Name: <u>JOSEPH TARULLI III</u> | <input type="checkbox"/> Chairman | Name: <u>STEVEN TARULLI</u> |
| <input type="checkbox"/> Vice Chairman | Address: <u>17 CATHAY ROAD, EAST ROCKAWAY, NY 11518</u> | <input type="checkbox"/> Vice Chairman | Address: <u>85 KENNEDY AVE, ROCKVILLE CENTRE, NY 11570</u> |
| <input type="checkbox"/> Director | _____ | <input type="checkbox"/> Director | _____ |
| <input checked="" type="checkbox"/> President | _____ | <input checked="" type="checkbox"/> President | _____ |
| <input type="checkbox"/> Vice President | _____ | <input type="checkbox"/> Vice President | _____ |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Chairman | Name: _____ | <input type="checkbox"/> Chairman | Name: _____ |
| <input type="checkbox"/> Vice Chairman | Address: _____ | <input type="checkbox"/> Vice Chairman | Address: _____ |
| <input type="checkbox"/> Director | _____ | <input type="checkbox"/> Director | _____ |
| <input type="checkbox"/> President | _____ | <input type="checkbox"/> President | _____ |
| <input type="checkbox"/> Vice President | _____ | <input type="checkbox"/> Vice President | _____ |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| | | | |
| <input type="checkbox"/> Chairman | Name: _____ | <input type="checkbox"/> Chairman | Name: _____ |
| <input type="checkbox"/> Vice Chairman | Address: _____ | <input type="checkbox"/> Vice Chairman | Address: _____ |
| <input type="checkbox"/> Director | _____ | <input type="checkbox"/> Director | _____ |
| <input type="checkbox"/> President | _____ | <input type="checkbox"/> President | _____ |
| <input type="checkbox"/> Vice President | _____ | <input type="checkbox"/> Vice President | _____ |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> 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. /s/ JOSEPH TARULLI III
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. JOSEPH TARULLI III
(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: DATA-STRUCTION INC.
DOS ID Number: 3756329
Entity Type: DOMESTIC BUSINESS CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 12/16/2008

Statement Status: CURRENT
Statement Due Date: 12/31/2024

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 February 24, 2023 at 11:40 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>