1311111225

(Requ	restor's Name)
(Addre	ess)	
(Addra	ess)	
(City/S	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	me)
(Docu	ment Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fil	ing Officer:	
		,

Office Use Only



100406284621

94/18/23--01001--015 **70.00

2023 APR 18 PH 12: 57

M. SOLOMON APR 18 2023

.....<u>.</u>



COVER LETTER

то:	Registration Section Division of Corporations					
SUBJ	ECT: MET	TROPOLITAN P	LUMBING	G <u>and heatin</u> c	CORP.	
		ame of corporati				
Dear S	Sir or Madam:					
"Certi	nclosed "Application by Foreig ficate of Existence," or "Certif referenced foreign corporation	icate of Good St	anding'' ar	nd check are subr		
Please	return all correspondence con	cerning this mat	ter to the f	ollowing:		
	_	DAVID L. T	Γ <u>AB</u> ER JR			
		Name o	of Person			
	C	CONTRACTOR I	ICENSIN	G INC.		3 1 1 1
		Firm/Co				1.2
		P.O. BC	X 2122			
	<u> </u>		dress			
		151 250 101	*** *** ***			100 S
		MARCO ISLA	and Zip o		 	
		City/State	z ana zap c	.oac		- 134 V
david(Reservation Services Reserved Beneat Reserve	ldress: (to be use	d for futur	e annual report n	otification)	
		·			,	
For fu	rther information concerning t	his matter, pleas	e call:			
	DAVID L. TABER JR.	at (239				
	Name of Person	Area C	ode	Daytime Teleph	ione Number	
	STREET/COURIER ADD	RESS:		MAILING A		
Registration Section Division of Corporations		Registration Section Division of Corporations				
The Centre of Tallahassee		P.O. Box 6327				
	2415 N. Monroe Street, Suit	e 810		Tallahassee, F	L 32314	
	Tallahassee, FL 32303					
	sed is a check for the following					
	make check payable to: FLORII				□ ¢07.50 ₽T	С
₽ 2./(Filing Fee & cate of Status		5 Filing Fee & Ted Copy	S87,50 Filing Certificate of Certified Cop	Status &

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 unavai	lable in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business in	n Florida)
NEW YORK		3. 11-3004504	
(State or coun	try under the law of which it is incorporated)	(FEI number, if applicable)	
08/02/1989		5. (Date of duration, if other than perpetu	
(Da	e of incorporation)	(Date of duration, if other than perpetu	al)
		s in Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607	/ 1502 F.S. to determine penalty liability)	
		, , , , , , , , , , , , , , , , , , ,	
194 24TH STR	EET, BROOKLYN, NY 11232		
<u> 194 24TH STR</u>		office street address)	
194 24TH STR	(Principal o	office <u>street</u> address)	
194 24TH STR	(Principal o		
	(Principal o	office <u>street</u> address) iling address, if different)	2023 API
	(Principal o	office <u>street</u> address) iling address, if different)	APP
. Name and str	(Principal of Current ma	office <u>street</u> address) iling address, if different)	APR 18
. Name and stro Name:	(Principal of Current material of Current material of Florida registered agent: (I	office <u>street</u> address) iling address, if different) P.O. Box <u>NOT</u> acceptable)	APR 18
Name and stree Name:	(Principal of Current ma	office <u>street</u> address) iling address, if different) P.O. Box <u>NOT</u> acceptable)	APR 18
Name and stre	(Principal of Current material of Current material of Florida registered agent: (1) CONTRACTOR LICENSING INC. 601 E. ELKCAM CIRCLE, UNIT B-1	office <u>street</u> address) iling address, if different) P.O. Box <u>NOT</u> acceptable)	APR I

(Paristared agent's signature)

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.

A. DIRECTORS						
☐ Chairman	Name: MITCHELL MARKOWITZ	Chairman	Name:			
□Vice Chairman	Address: 194 24TH STREET	□Vice Chairman	Address:	· · · · · · · · · · · · · · · · · · ·		
□Director	BROOKLYN, NY 11232	□ Director				
President		□President			···	
□Vice President		☐ Vice President				
☐ Secretary	☐ Treasurer	☐ Secretary		()Tressurer		
□Other		Other		□Other		
□ Chuirman	Name:	☐ Chairman	Name:			
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		□Director			·	
President		President				2023
□Vice President		□Vice President	 			APR
□ Secretary	☐ Treasurer	☐ Secretary		☐ Freasurer		=
□Other	Other	Other		Other	<u> </u>	P#I 12:
					0.000 0.000 0.000 0.000 0.000	2: 57
□ 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		
Important Notice individuals may b	Use an attachment to report more than six (6). The added to the index when filing your Florida Depart	attachment will be imag riment of State Annual I	ed for reporting Report form.	3 purposes only. N	on-index	ed
12.	Signature of Direct	tor or Officer				
The officer or die	ector signing this document (and who is listed in mu false information submitted in a document to the De	mber 11 above) affirms	that the facts str	ated herein are tru	e and that	he or

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:

METROPOLITAN PLUMBING AND HEATING CORP.

DOS ID Number:

1373221

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

08/02/1989

Statement Status:

CURRENT

Statement Due Date:

08/31/2021

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 April 12, 2023 at 03:25 P.M.

Brandon C. Hugher

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100003302790 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov