# F2-30000002919

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S. FRANKLIN MAY 16 2023



### **COVER LETTER**

	sistration Section ision of Corporations				
SUBJECT	, All Island Masonry & 0	Concrete Inc.			
JODGECI		lame of corporation	- must include suffix		
Dear Sir or	Madam:				
"Certificate		ficate of Good Stan	Authorization to Transact ding" and check are subness in Florida.		
Please retur	n all correspondence cor	ncerning this matter	to the following:		
Rodrigo Sant	tos				
<u></u>		Name of	Person		
All Island Ma	asonry & Concrete Inc.				
<del></del>		Firm/Com	pany		
16 Wanda To	errace				
		Addre	SS		
Farmingville	, NY 11738				
	V to	City/State ar	id Zip code		
aiconcrete@a					
	E-mail ac	ddress: (to be used f	or future annual report no	otification)	
For further i	nformation concerning	this matter, please c	all:		
Rodrigo Sant	os	at (631	e Daytime Telephone Number		
Nar	me of Person	Area Code	Daytime Telepho	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Se Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	
		DA DEPARTMENT	OF STATE \$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.

(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)			
New York State		205573519			
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)			
September 18, 2	006 5.	(Date of duration, if other than perpetual)			
	of incorporation)	(Date of duration, if other than perpetual)			
10.1.2022					
	(SEE SECTIONS 607.1501 & 607.1	n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
6 Wanda Terrac	e, Farmingville, NY 11738				
	(Principal off				
<sup>2</sup> O Box 767, Ce	ntereach, NY 11720	ng address, if different)			
N		一			
Name and <u>stree</u>	et address of Florida registered agent: (P.C	J. Box NOT acceptable)			
Name:	Rodrigo Santos				
	6565 Collins Avenue				
fice Address:	Miami Beach	Florida <u>33141</u>			
fice Address:	Within Deach				

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				いなの	00110359
☐Chairman	Name:Rodrigo S	Santos	□Chairman	Name:	
□Vice Chairman	Address: 16 Wan	nda Terrace	□Vice Chairman	Address:	<u> </u>
□Director	Farmingville, NY	Y 11738	Director	<del> </del>	
President			□President		
□Vice President			□Vice President		
Secretary		Treasurer	☐ Secretary		□Treasurer
Other		□Other	□Other		Other
□Chairman	Name:		⊡Chaiπnan	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:	<u>.                                    </u>	□Chaiлnan	Name:	
□Vice Chairman	Address:		□Vice Chairman	Address:	D-4
□Director			Director		
□President			□President		
□Vice President			□Vice President		
□Secretary	,	□Treasurer	□ Secretary		□Treasurer
□Other		□Other	□Other		Other
Rodrigo San  The officer or direct	added to the index itos President etor signing this doc	Signature of Director  cument (and who is listed in number)	r or Officer ber 11 above) affirms th	eport form.	I herein are true and that he or
Rodrigo San	itos 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: ALL ISLAND MASONRY & CONCRETE INC.

**DOS ID Number:** 3413490

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 09/18/2006

Statement Status: CURRENT Statement Due Date: 09/30/2022

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 July 21, 2022 at 09:19 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugha

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100001903053 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>