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COVER LETTER

	Registration Section Division of Corporations				
SUBJE	CCT: Chrisanntha Cor	nstruction Corp.			
		Name of corporation	on - mus	t include suffix	
Dear Si	r or Madam:				
"Certific	losed "Application by For cate of Existence," or "Ce eferenced foreign corporat	rtificate of Good Sta	ınding''	and check are sub	
Please r	eturn all correspondence o	concerning this matt	er to the	following:	
		Kristen M	1astella	•	
		Name o	f Persor	1	
		Chrisanntha Cons	struction	n Corp.	
		Firm/Co	mpany		
		4661 Dewey A	ve., PO	Box 165	
		Ado	ress		
		Gorham, NY 1	4461		
		City/State		code	-
		kmastellar@ivers			
	E-mail	address: (to be used	l for futi	ire annual report r	otification)
For furt	her information concernin	g this matter, please	call:		
Kr	risten Mastellar	at (_ 585)	526-6331 ext 7	102
	Name of Person	Area Co	de	Daytime Telepl	hone 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		
Please m	_	RIDA DEPARTMEN	□ \$78.	FATE 75 Filing Fee & ified 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.

Chrisanntha Con		WOOM AND A NOON OF A TION		
(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	,	
(If name unavaila	ible in Florida, enter alternate corporate name ad	lopted for the purpose of transacting	g business in	Florida
New York	3 1	3		
(State or countr	ountry under the law of which it is incorporated) (FEI number, if a		applicable)	
2/12/1985	Ę			
(Date	of incorporation)	(Date of duration, if other t	han perpetua	ıl)
· 	(Date first transacted business in I	Florida, if prior to registration)		
	(SEE SECTIONS 607.1501 & 607.150	2, F.S., to determine penalty liabilit	. · · · · · · · · · · · · · · · · · · ·	70,
. 4661 De	ewey Ave, Gorham, NY 14461			ش
	(Principal office	street address)	1.	
РО Во			_	
	x 165, Gorham, NY 14461		Th-	
	x 165, Gorham, NY 14461 (Current mailing	address, if different)		2023 KAT 19 P
	(Current mailing	address, if different)	,	P:
. Name and stree	x 165, Gorham, NY 14461 (Current mailing et address of Florida registered agent: (P.O.	address, if different)	Pa ra	P.:
. Name and <u>stree</u> Name:	(Current mailing	address, if different)		P.:
Name:	(Current mailing et address of Florida registered agent: (P.O.	address, if different)		P
	(Current mailing et address of Florida registered agent: (P.O. Kevin Bragg 9356 Independence Way	address, if different)		1 g P/1 2: 21

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.

(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.

A. DIRECTORS			
□Chairman	Name: Matthew Bragg	□Chairman	Name: Kevin Bragg
□Vice Chairman	Address: 4965 North Rd	□Vice Chairman	Address: 3525 Middle Cheshire Rd
□Director	Салаndaigua, NY 14424	□Director	Canandaigua, NY 14424
□President		ĭXPresident	
☑ Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
Other	Other	□Other	Other
□Chai⊓nan	Name: Patrick Crowe	□Chairman	Name:
□Vice Chairman	Address: 195 Elm Street	□Vice Chairman	Address:
□Director	Clyde, NY 14433	□Director	
□President		□President	
□Vice President		□Vice President	
[XSecretary	□Treasurer	☐ Secretary	□Treasurer
□ Other	Other	□Other	Other
□Chai r man	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
Important Notice: Undividuals may be:	ise an attachment to report more than six (6). The attachment to the index when filing your Florida Department Signature of Frector of	ent of State Annual Rep	for reporting purposes only. Non-indexed out form.

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.

11.

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: CHRISANNTHA CONSTRUCTION CORP.

DOS ID Number: 973720

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 02/12/1985

Statement Status: PAST DUE DATE

Statement Due Date: 02/28/2015

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 March 02, 2023 at 03:05 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hydro

By Brendan C. Hughes Executive Deputy Secretary of State

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