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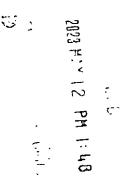
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T. LEMIEUX

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	FCT: TRANSEL ELEVATOR AN	D ELECTRIC I	NC DBA TEI GROUP	
3010		of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Co icate of Existence," or "Certificate referenced foreign corporation to t	of Good Stand	ding" and check are subi	
Please	return all correspondence concern	ing this matter	to the following:	
MARK	GREGORIO / JUAN RONDON			
		Name of I	Person	-
TRANS	SEL ELEVATOR AND ELECTRIC I	NC DBA TEI G	ROUP	
		Firm/Com	pany	
30-30 4	7TH AVENUE - SUITE 610			
LONG	ISLAND CITY / NEW YORK / 1110	Addre	ss	
		City/State ar	d Zip code	
JROND	OON@TEIGROUP.COM			
	E-mail address	s: (to be used to	or future annual report n	otification)
For fur	ther information concerning this m	atter, please ca	ill:	
JUAN RONDON		718 at (609-2449	
	Name of Person	Area Code		ione Number
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee. FI	ection rporations
Please n	ed is a check for the following amonake check payable to: FLORIDA DI 00 Filing Fee	EPARTMENT (g Fee &	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.

	able in Florida, enter alternate corporate name a	dopted for the purpose of transacti	ng business in	Florida)	
NEW YORK		11-2995885			
(State or country under the law of which it is incorporated)		(FEI number, if applicable)			_
(Date of incorporation) 5		N/A			
	of incorporation)	(Date of duration, if other than perpetual)			_
N/A 					_
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		itv\		
0-30 47TH AVI	ENUE - SUITE 610, LONG ISLAND CITY, NY		··· <i>y</i>)		
		e <u>street</u> address)	-		-
SAME AS ABO	·		₩.,	202	
	(Current mailing	address, if different)	~	2023 K: Y 12 PH 1: 48	
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		2	
Name:	JUAN RONDON			Мd	τ,
	3621 GLEN RIDGE LANE	<u> </u>	- - -	==	
ce Address:		<u></u>	-	⇔	
	SARASOTA	, Florida			
	(Citv)	(Zip code)			

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 MICHAEL STAUB MARK GREGORIO □ Chairman ☐ Chairman 32 PANORAMA DRIVE 17 PETTIT DRIVE □Vice Chairman Address: □Vice Chairman Address: WARWICK, NY 10990 DIX HILLS, NY 11746 □ Director ☐ Director ■ President □President □Vice President _ ■ Vice President □Sucretary ☐Treasurer ☐ Secretary ☐ Treasurer □Other _____ □Other _____ □Other _____ Name: ____ □ Chairman □ Chairman Name: ____ 25 JOSEPH LANE □Vice Chairman Address: □Vice Chairman Address: ____ BARDONIA, NY 10954 □ Director □ Director □President □President □Vice President □Vice President □Secretary □Treasurer □ Secretary Treasurer Other _ □Other ______ □Other _____ □Other _____ □ 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: 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. 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.

(Typed or printed name and capacity of person signing application)

MARK GREGORIO, PRESIDENT

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 assumed name information is reflected:

Entity Name:

TRANSEL ELEVATOR & ELECTRIC INC.

DOS ID Number:

1340108

Entity Type:

DOMESTIC BUSINESS CORPORATION

Assumed Name:

TEI GROUP

Assumed Name ID Number:

150490

Assumed Name Status:

resource realite triates.

ACTIVE

Date of Initial Filing of Assumed Name:

07/26/2012

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 May 04, 2023 at 10:20 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugher

By Brendan C. Hughes

Executive Deputy Secretary of State

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