# F23000003206

(Re	equestor's Name)	
	,	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	: #)
		MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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# SECHANNY OF SIMIE

Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: \_\_\_\_ Tectonic Builders, Inc.

Name of corporation - must include suffix

.

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Susan McKenney

	Name o	f Person	
Tectonic Builders, Inc.	•		
	Firm/Co	mpany	
501 Ashford Ave			
	. Add	ress	
Ardsley, NY 10502			
	City/State	and Zip code	
susanm@tectonicbuilders.com	-	·	
E-mail	address: (to be used	for future annual report not	ification)
Susan McKenney	at ( <u></u>	674-0851	
Name of Person	Area Co	de Daytime Telepho	ne Number
STREET/COURIER Al Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, S Tallahassee, FL 32303	e	MAILING ADI Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion porations
Enclosed is a check for the follow Please make check payable to: FLOI S70.00 Filing Fee S78. Cer	RIDA DEPARTMEN		\$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.

Tectonic Builde		•.		
(If name unavail	able in Florida, enter alternate corporate na	me adop	ted for the purpose of trans	acting business in Florid
New York		3 20-	3026081	
(State or counti	y under the law of which it is incorporated	ated) (FEI number, if applicable)		if applicable)
06/09/2005		<b>5</b> :		
(Date	of incorporation)	<i>v</i>	(Date of duration, if or	ther than perpetual)
06/01/2023				
501 Ashford Ave	(SEE SECTIONS 607.1501 & 60 , Ardsley NY 10502	7.1502,1	r.S., to determine penalty in	ability)
	, Ardsley NY 10502		r.S., to determine penalty in <u>reet</u> address)	ability) .
·	, Ardsley NY 10502 (Principal c, Ardsley NY 10502	office <u>st</u>		ability) .
501 Ashford Av	, Ardsley NY 10502 (Principal c, Ardsley NY 10502	office <u>st</u> ulling ad	reet address) dress, if different)	
501 Ashford Ave y Name and <u>stree</u> Name:	, Ardsley NY 10502 (Principal e, Ardsley NY 10502 (Current ma et address of Florida registered agent: (	office <u>st</u> ulling ad	reet address) dress, if different)	2023 M Secr Tal
501 Ashford Ave	, Ardsley NY 10502 (Principal e, Ardsley NY 10502 (Current ma et address of Florida registered agent: ( URS AGENTS, LLC	office <u>st</u> ulling ad	reet address) dress, if different)	2023 MAY I Secreta Talla

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.



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

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□Chairman	Anthony McKenney	Chairman	Name:	
□Vice Chairman	480 Winding Road North	□Vice Chairman	Address:	
Director	Ardsley	Director		
President	New York	□President		
□Vice President	10502	□Vice President		
Secretary	Treasurer	Secretary		
Other	Other	DOther	Other	. <u> </u>
□Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
President		President		
□Vice President		□Vice President		
□Secretary	Treasurer	Secretary		
Other	Other	Other	Other	
Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		·
President				
□Vice President		□Vice President		
Secretary	Treasurer	Secretary	Treasurer	
□Other	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.

12.

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. Anthony McKenney, Corporate President

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From: noreply@dos.ny.gov <noreply@dos.ny.gov> Sent: Tuesday, May 9, 2023 11:16 AM To: Susan McKenney <susanm@tectonicbuilders.com> Subject: 3216205 TECTONIC BUILDERS INC.

[EXTERNAL]

# STATE OF NEW YORK DEPARTMENT OF STATE

ONE COMMERCE PLAZA 99 WASHINGTON AVENUE ALBANY, NY 12231-0001 WWW.DOS.NY.GOV KATHY HOCHUL GOVERNOR

ROBERT J. RODRIGUEZ SECRETARY OF STATE

Your document has been filed by the Department of State.

We have attached the official receipt and related document(s) for the following entity: TECTONIC BUILDERS INC.

If you have any questions please email the Department of State at <u>corporations@dos.ny.gov</u> or write to the Nev Department of State, Division of Corporations, Statement Unit, One Commerce Plaza, 99 Washington Avenue, Albany, NY

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### 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: DOS ID Number: Entity Type: Entity Status: Date of Initial Filing with DOS:

Statement Status: Statement Due Date: TECTONIC BUILDERS INC. 3216205 DOMESTIC BUSINESS CORPORATION EXISTING 06/09/2005

CURRENT 06/30/2023

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 09, 2023 at 11:15 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon Cr Hugha

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100003463420 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

# New York State Department of State Division of Corporations, State Records and Uniform Commercial Code COPY REQUEST/CERTIFICATE OF STATUS RECEIPT

TECTONIC BUILDERS INC ATTN: SUSAN MCKENNEY 501 ASHFORD AVENUE ARDSLEY NY 10502

• • • •

DATE:	05/09/2023	TRANSACTION NUMBER:	202305090001417
ENTITY INFORMA	TION:		
ENTITY NAME:		TECTONIC BUILDERS INC.	
DOS ID:		3216205	
DATE OF INITIAL	DOS FILING:	06/09/2005	

REQUESTED SERVICES:	NUMBER REQUESTED:	<u>FEE:</u>
UNCERTIFIED COPY(\$5.00)		\$0.00
CERTIFIED COPY(\$10.00)		\$0.00
CERTIFICATE OF STATUS - SHORT FORM(\$25.00)	1	\$25.00
CERTIFICATE OF STATUS - LONG FORM(\$25.00)		\$0.00
EXPEDITED HANDLING		\$25.00

TOTAL PAYMENTS RECEIVED:	\$50.00
CASH:	\$0.00
CHECK/MONEY ORDER:	\$0.00
CREDIT CARD:	\$50.00
DRAWDOWN ACCOUNT:	\$0.00
REFUND DUE:	\$0.00

REQUESTED COPY FILE DATE FILE NUMBER