

F230000004756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

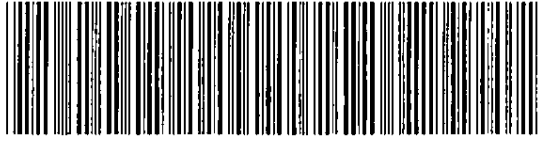
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2023

STEPHANIE VALDEZ
113 PONTOTOC PLAZA
AUBURNDALE, FL 33823 US

SUBJECT: SCAFFOLDING MAUFACTURERS (TRINIDAD) LIMITED, INC.
Ref. Number: W23000100867

We have received your document for SCAFFOLDING MAUFACTURERS (TRINIDAD) LIMITED, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Must have an individual to sign as the person willing to accept responsibility on #9, not the business name.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 223A00016493

RECEIVED
AUG 10 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCAFFOLDING MANUFACTURERS (TRINIDAD) LIMITED, 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:

STEPHANIE VALDEZ

Name of Person

HARDING BELL INTERNATIONAL, INC.

Firm/Company

113 PONTOTOC PLAZA

Address

AUBURNDALE, FL 33823

City/State and Zip code

BUSINESSSERVICES@HBITAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE VALDEZ

at (863) 968-1010

Name of Person

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$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.*

1. SCAFFOLDING MANUFACTURERS (TRINIDAD) LIMITED, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. REPUBLIC OF TRINIDAD AND TOBAGO 3. 47-3696270

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/10/1998

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 113 PONTOTOC PLAZA, AUBURNDALE, FL 33823

(Principal office street address)

#53 PACIFIC AVENUE, POINT LISAS INDUSTRIAL ESTATE, POINT LISAS

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: HARDING BELL INTERNATIONAL, INC.

Office Address: 113 PONTOTOC PLAZA

AUBURNDALE

(City)

, Florida 33823

(Zip code)

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.

Harding Bell International, Inc. Matthew Bell
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: PHILLIP ARCHIE
☐ Vice Chairman Address: #53 PACIFIC AVENUE
☒ Director POINT LISAS INDUSTRIAL ESTATE
☐ President POINT LISAS
☐ Vice President TRINIDAD & TOBAGO
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: JOHANSON SINGH
☐ Vice Chairman Address: #53 PACIFIC AVENUE
☒ Director POINT LISAS INDUSTRIAL ESTATE
☐ President POINT LISAS
☐ Vice President TRINIDAD & TOBAGO
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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 PW
 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 Phillip Archie
 (Typed or printed name and capacity of person signing application)



REGISTRAR OF COMPANIES

Corner of London and Richmond Streets, Port-of-Spain, Republic of Trinidad and Tobago

Tel.: 1 868 223-2452 Fax:- 1 868 225-3203

Website: www.agla.gov.tt

THE COMPANIES ACT CH 81:01

CERTIFICATE OF GOOD STANDING

Company No.: **S 230(C)**
Company Name: **SCAFFOLDING MANUFACTURERS (TRINIDAD) LIMITED**

I HEREBY CERTIFY THAT:

1. The above-mentioned Company, whose registered office is situated at **#53 Pacific Avenue, Point Lisas Industrial Estate, Point Lisas**, was continued on the **10th day of August, 1998**, under the provisions of the Companies Act of the Laws of the Republic of Trinidad and Tobago.
2. The name of the Company is still on the Register of Companies at this time.
3. The Company has not submitted to me any articles of merger, consolidation or arrangement that have become effective.
4. No documents have been filed with me relating to the winding-up or dissolution of the Company or the appointment of a receiver or liquidator of any of its assets.
5. No notice has been served by me on the Company of my intention to strike off its name from the Register of Companies.

AND I FURTHER CERTIFY THAT as far as is evidenced by the documents filed the Company has furnished all documents required to be filed with me under the provisions of the Companies Act and is in good standing.

Dated this **25th** day of **May, 2023**.


REGISTRAR OF COMPANIES

