

9/1/2023 9:36 AM

Division of Corporations

F2300005051

Florida Department of State
Division of Corporations
Electronic Filings Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000305030 3)))



H230003050303-ECG

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

2023 SEP - 1 PM 5:11
FILED

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Wolcott Contracting & Consulting, Inc.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$70.00 |

K. SALY

SEP - 5 2023

RECEIVED

2023 SEP - 1 PM 4:55

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILINGS
TALLahassee, FL 32909

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. Wolcott Contracting & Consulting, 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. New York

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

3. 10/10/2001

(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. 700 Five Points Road Rush, NY 14543

(Principal office street address)

700 Five Points Road Rush, NY 14543

(Current mailing address, if different)

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

Name: Registered Agents Inc

Office Address: 7901 4th St N STE 300

St. Petersburg

(City)

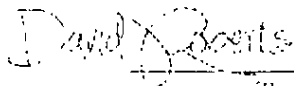
Florida 33702

(Zip code)

FILED
2023 SEP -1 AM 5:19
TALLAHASSEE FL 901

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.

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

A. DIRECTORS

Chairman Name: Charles Wolcott

Vice Chairman Address: _____

Director 7901 4th St N STE 300

President St. Petersburg, FL 33702

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Glynda Valentine

Vice Chairman Address: _____

Director 7901 4th St N STE 300

President St. Petersburg, FL 33702

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 _____

FILED
 2023 SEP -11 AM 5:10
 TALLAHASSEE, FL
 CLERK OF SUPERIOR COURT

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 indexed for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. Glynda J. Valentine, Exec VP
 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 §817.122, F.S.

13. Glynda J. Valentine, Executive Vice 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: WOLCOTT CONTRACTING & CONSULTING, INC.
 DOS ID Number: 2687472
 Entity Type: DOMESTIC BUSINESS CORPORATION
 Entity Status: EXISTING
 Date of Initial Filing with DOS: 10/10/2001
 Statement Status: CURRENT
 Statement Due Date: 10/31/2023

FILED
 2023 SEP - 1 AM 5:10
 ALBANY, NY

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 August 30, 2023 at 08:58 AM

ROBERT J. RODRIGUEZ, Secretary of State

A handwritten signature in cursive script that reads "Brendan C. Hughes".

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100004218795 To Verify the authenticity of this document you may access the
 Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>