# F23000006941

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## CORPORATE ACCESS, \_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

( <b>X</b>	CERTIFIED COPY	
	РНОТОСОРУ	
	GS	
ΚX	FILING	FORIEGN INC
S	TEVEN GIAMMONA	MECHANICAL ENGINEERING, P.C.
_	ORPORATE NAME AND DOC	
(C	ORPORATE NAME AND DOC	CUMENT #)
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# 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.

STEVEN GIAM	MONA MECHANICAL ENGINEERING, P.C.	,Inc.	
(Enter name of c	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	,
STEVEN GIA	MMONA MECHANICAL ENGINEERI	NG, INC.	
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting	business in Florida)
2. NY	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if appl	licable)
02/10/2010 4.			
	of incorporation)	(Date of duration, if other than perpetual)	
6.			
<u></u>	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration) 2, F.S., to determine penalty liability	Ò
2417 JERICHO	TURNPIKE, SUITE 234, GARDEN CITY PARI	K, NY 11040	
<i>T</i>	(Principal office	street address)	
	(Current mailing	address, if different)	2023
			2023 DEC
8. Name and stre	et address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	Registered Agents Inc	<del></del>	
	7901 4th St N STE 300		<b>=</b>
Office Address:	St. Petersburg	33702	1: 52
	(City)	, Florida	10
	(2.57)	, ,	
9. Registered ag	gent's acceptance:	a of angues for the above stated	cornoration at the place
designated in thi	ned as registered agent and to accept servic s application, I hereby accept the appointm	ent as registered agent and agre	e to act in this capacity. T
further agree to	comply with the provisions of all statutes re	lative to the proper and complete	e performance of my duties
and I am familia	r with and accept the obligations of my pos	ition as registered agent.	
	David	donts	
-	(Registered agent's sig	gnature)	

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	STEVEN GIAMMONA Name:	□Chairman	Name:	
□Vice Chairman	191 ELTON ROAD Address:	☐ Vice Chairman	Address:	
Director	STEWART MANOR, NY 11530	□Director		
President		□President		
□Vice President		□Vice President		<del></del>
Secretary	■ Treasurer	☐ Secretary		□Treasurer
□Other	Other	Other	<del>_</del>	□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		□ Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
ElPresident		□President		
□Vice President		□Vice President		
[]Secretary	□Treasurer	Secretary		□Treasurer
Other	Other	☐Other		□Other
Important Notice: individuals may	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director	ent of State Annual R	Report form.	
she is aware that i s.817.155, F.S.	ector signing this document (and who is listed in numb false information submitted in a document to the Depar SIAMMONA, President	er 11 above) affirms ( rtment of State consti	that the facts state tutes a third degre	ed herein are true and that he or ee felony as provided for in
13.				

### STATE OF NEW YORK

#### DEPARTMENT OF STATE

### Certificate of Status

1, 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:** 

STEVEN GIAMMONA MECHANICAL ENGINEERING. P.C.

DOS ID Number:

3911306

**Entity Type:** 

DOMESTIC PROFESSIONAL SERVICE CORPORATION

**Entity Status:** 

**EXISTING** 

Date of Initial Filing with DOS:

02/10/2010

**Statement Status:** 

**CURRENT** 

**Statement Due Date:** 

02/29/2024

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type:

CERTIFICATE OF INCORPORATION

Date of Filing:

02/10/2010

**Entity Name:** 

STEVEN GIAMMONA MECHANICAL ENGINEERING, P.C.

Document Type:

BIENNIAL STATEMENT

Date of Filing:

05/25/2012

Effective Date:

02/01/2012

**Document Type:** 

BIENNIAL STATEMENT

Date of Filing:

03/25/2019

Effective Date:

02/01/2018

Page 1 of 2

Document Type:

BIENNIAL STATEMENT

Date of Filing:

02/06/2020

**Effective Date:** 

02/01/2020

Document Type:

CERTIFICATE OF CHANGE BY AGENT

Date of Filing:

09/28/2022

Document Type:

**BIENNIAL STATEMENT** 

Date of Filing:

12/06/2023

Effective Date:

02/01/2022

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 December 07, 2023 at 03:17 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heglas

By Brendan C. Hughes Executive Deputy Secretary of State

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