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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I20050000099 Phone : (813)932-5244 : (813)932-3782 Fax Number

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

- 11				
Email.	Address:			

FOREIGN PROFIT/NONPROFIT CORPORATION ALAIN HIRSCH CONSTRUCTION CORP.

Certificate of Status	1
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K. SALY

IAN 3 1 2024

From: Roman Albane

Fax. 18134457083

To:

Fax: (850) 617-6383

01/30/2024 4:44 PM Page: 2 of 5

(((H24000041284 3)))

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: ALAIN HIRSCH CONSTRUCTION CORP.

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:

ROMAN ALBANO Name of Person CONTRACTORS REPORTING SERVICE INC Firm/Company 23110 SR 54, #336 Address LUTZ, FL 33549 City/State and Zip code info@activatemylicense.com

For further information concerning this matter, please call:

at (813) 932-5244 Area Code Daytim **ROMAN ALBANO**

Daytime Telephone Number Name of Person

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

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

DocuSign Envelope ID: 61053461-3342-48E8-9291-557325F91AA8

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.

"Inc.," "Co.," "Corp." "Inc." "Go." or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. CA (State or country under the law of which it is incorporated) (FEI number, if applicable) 4. 05/21/1998 (Date of incorporation) (Date of duration, if other than perpetual) 6. UPON REGISTRATION (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 7. 1383 REDONDO AVE LONG BEACH CA 90804 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
2. CA (State or country under the law of which it is incorporated) 4. 05/21/1998 (Date of incorporation) (Date of duration, if other than perpetual) 6. UPON REGISTRATION (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 1383 REDONDO AVE LONG BEACH CA 90804 (Principal office street address)
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(Principal office street address) 1383 REDONDO AVE LONG BEACH CA 90804 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable)
1383 REDONDO AVE LONG BEACH CA 90804 (Current mailing address, if different) (Current mailing address, if different) (Current mailing address, if different)
(Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box, NOT acceptable)
8. Name and street address of Florida registered agent: (P.O. Box. NOT accentable)
8. Name and succession ribinal registered agent. (1.0. box 1401 acceptable)
Name: CONTRACTORS' REPORTING SERVICE INC.
Office Address: 23110 SR 54 #336
LUTZ
(City) (Zip code)
9. Registered agent's acceptance:
9. Registered agent's acceptance. Having been named as registered agent and to accept service of process for the above stated corporation at the plac

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.

Fax: 18134457083 From: Reman Albaro Fax: (850) 617-6383 Page: 4 of 5 01/30/2024 4:44 PM (((H24000041284 3))) DocuSign Envelope ID: 61053461-3342-48E8-9291-557325F91AA8 A. DIRECTORS Name: CASE PEREIRA Name: TARI HIRSCH □ Chairman □Chairman □Vice Chairman Address: ____ □Vice Chairman Address: ____ 1383 REDONDO AVE 1383 REDONDO AVE □ Director □ Director LONG BEACH CA 90804 LONG BEACH CA 90804 □President Xi President □ Vice President □Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐Treasurer □Other ____ XiOther CFO □Other ____ □Other □Chairman Name: □Chairman Name: □Vice Chairman Address: □ Vice Chairman Address: □ Director □Director □President □President □Vice President _ □Vice President □Treasurer □ Secretary Treasurer □ Secretary Other _____ □Other _____ ☐Other _____ □Other <u>1</u> Name: _____ Name: □ Chairman □ Chairman □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □President □President □Vice President □Vice President □ Secretary □Treasurer □Treasurer □ Secretary □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 099808313A6D494 . 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)

CASE PEREIRA

TIL C.

(((H240000412843)))



Secretary of StateCertificate of Status

I, SHIRLEY N. WEBER, Ph.D., California Secretary of State, hereby certify:

Entity Name: ALAIN HIRSCH CONSTRUCTION CORP.

Entity No.: 2109782 **Registration Date:** 05/21/1998

Entity Type: Stock Corporation - CA - General

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF. I execute this certificate and affix the Great Seal of the State of California this day of January 05, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 171124726

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.