# F2400001327

(Re	questor's Name)			
(Ad	dress)			
bA)	dress)			
(Cit	y/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
W24-155	7			





600420657676

12/27/23--01023--006 \*\*87.50





January 30, 2024

ERIC GARLISI 46 ELM ST BALDWINVILLE, MA 01436 US

SUBJECT: TRIUMPH ROOFING INC.

Ref. Number: W24000015527

We have received your document for TRIUMPH ROOFING INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The name and title of the person signing the document must be noted beneath or opposite the signature.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

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

Ariel Jones Regulatory Specialist II

Letter Number: 624A00002022

#### **COVER LETTER**

	tration Section ion of Corporations				
SUBJECT:	Triumph Roofing Inc.				
	Name of	f corporation - mu	st include suffix		
Dear Sir or M	adam:				
"Certificate o	"Application by Foreign Corf Existence," or "Certificate of ced foreign corporation to tra	of Good Standing"	and check are submi		
Please return	all correspondence concernin	ig this matter to th	e following:		
Eric Garlisi					
		Name of Perso	n		
Triumph roofi	ng inc.				
		Firm/Company			
46 Elm St					
		Address			
Baldwinville/N	Massachusetts , 01436				
		City/State and Zi	p code		
triumphroofing	ginc@yahoo.com				
	E-mail address:	(to be used for fu	ture annual report no	tification)	
For further in	formation concerning this ma	atter, please call:			
Eric Garlisi	í	774 3.	45 - 0826 Daytime Telepho		
Nam	e of Person	Area Code	Daytime Telepho	one 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		
	check for the following amor- neck payable to: FLORIDA DE ing Fee	PARTMENT OF S Fee &  \qua	STATE .75 Filing Fee & titled 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.	Triumph Roofir	ng Inc.				
	(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,	,,		
	Constitution Ro	ofing Inc.				
	(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting	business in Florida)		
2.	Maccachusette 914712769					
		y under the law of which it is incorporated)	(FEI number, if app	licable)		
	12/14/2016	_				
4. (Date of incorporation) 5.			(Data of duration if other th	(Date of duration, if other than perpetual)		
	(Date	or meorporation)	(Date of diffation, if other th	an perpetuar)		
6.						
		(Date first transacted business in	Florida, if prior to registration)			
	46 CL + D 11 :	(SEE SECTIONS 607.1501 & 607.150	12, F.S., to determine penalty hability			
7.	46 Elm st Baldwi	inville Ma, 01436		世 三		
		(Principal office	c street address)			
	46 Elm st Baldw	inville Ma, 01436		22页 0		
		(Current mailing	address, if different)	THE PARTY PARTY		
				高年 声		
8.	Name and street	et address of Florida registered agent: (P.O.	Box NOT acceptable)	PH II: OI		
	Name:	Registered agents inc	•	一首		
	rame.		<del></del>			
0	ffice Address:	7901 4th St N STE 300	<u></u>			
		St.Petersburg	Florida 33702			
		(City)	(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.

(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.

,						
A. DIRECTORS	C	6 210				
<b>E</b> Chairman	Name: Eric			□ Chairman	Name:	
■Vice Chairman	1	This rus		□Vice Chairman	Address:	···
Director		ubury Ma	01985	□Director		
President	Eric Garlisi			□President		
Vice President	Erx G	ae1,5;	<del></del>	□Vice President		
Secretary Er	ic Garlisi	Treasurer Enc	Carlisi	□Secretary		□Treasurer
□Other	· · · · · · · · · · · · · · · · · · ·	Other		Other		□Other
□Chairman	Name:			□ Chairman	Name:	
□Vice Chairman	Address:		<u> </u>	□Vice Chairman	Address:	
□Director			<del></del>	Director		
□President			<del></del>	□President		
□Vice President				□Vice President		
□Secretary		□Treasurer		☐ Secretary		□Treasurer
□Other		□Other	<del></del>	□Other		Other
□Chairman	Name:	<del></del>	<del></del>	□ Chairman	Name:	<del></del>
□Vice Chairman	Address:		<del></del>	□Vice Chairman	Address:	
Director			<del></del>	□Director	<del></del>	
□President	·			□President	<del></del>	
□Vice President				□Vice President		
□Secretary		□Treasurer		Secretary		☐Treasurer
Other	<del></del>	□Other	<del></del> .	Other		□Other
Important Notice: Uindividuals may be	added to the inde	x when filing your Flo	ix (6). The attack orida Departmen re of Director or	t of State Annual Re	d for reporting pu port form.	rposes only. Non-indexed
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. Erk Garlis;						



## The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

Date: February 20, 2024

To Whom It May Concern:

I hereby certify that according to the records of this office,

#### TRIUMPH ROOFING, INC.

Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Tranin Galicin

Certificate Number: 24020326030

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: