F2400001770				
(Requestor's Name) (Address) (Address)	000426070440			
(City/State/Zip/Phone #)	2024 EER 29 EH 9: 1-8			
Office Use Only	PECEIVED 1904 MAR 29 PH L: LI MALLAHASSEE, FLORID			
MS	APR 0 1 2024 K. Brumbley			

## FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR TALLAHASSEE, FL 32309 (850) 491-9625 Brandon (850) 524-5437 Teresa (850) 524-6243 Rich

# Please use funds from account: 120210000160: \$87.50 Authorization Signature: <u>Jan Fulk</u>

## **Business Name:** S.I VICTORY CONSTRUCTION & DEVELOPMENT CORPORATION

### Document #

t

- \_X\_\_Certified Copy
- \_X\_\_Certificate of Status

NEW FILINGS	&	AMENDMENTS
Profit Corp Not for Profit Limited Liability Domestication LLLP Corp Inc Other		<ul> <li>Amendment</li> <li>Resignation of R.A. Officer/Director</li> <li>Change of Registered Agent</li> <li>Revocation of Dissolution</li> <li>Merger</li> <li>Articles of Conversion</li> <li>Amended &amp; Restated Articles of Incorporation</li> <li>Statement of Authority</li> </ul>
APOSTILLE(s)	&	OTHER FILINGS
APOSTILLE(s)		_XForeign Filing Reinstatement Qualification Fictitious Name Annual Report

EXAMINER'S INITIALS:\_\_\_\_\_

## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SIVICTORY CONSTRUCTION & DEVELOPMENT CORPORATION

Name of corporation - must include suffix

Dear Sir or Madam:

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. .

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:

Andrei Tsiarletski

Name of	Person
S UVICTORY CONSTRUCTION & DEVELOPMENT CO	RPORATION
Firm/Con	ipany
7 grayson st	
Addre	255
staten isladn NY 10306	
City/State a	nd Zip code
sivictoryny@gmail.com	
E-mail address: (to be used t	for future annual report notification)
For further information concerning this matter, please c	all:
ANDREI TSIARLETSKI 347 at (	729-2455
Name of Person Area Code	e 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 570.00 Filing Fee 578.75 Filing Fee & Certificate of Status	OF STATE ] \$78.75 Filing Fee & ■ \$87.50 Filing Fee. Certified Copy Certificate of Status ∂

Ŀ 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.

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

(If name unavaila	ible in Florida, enter alternate corporate nat	ine adopi	ed for the purpose of transacting	business in Florida)	
NEW YORK		3 26-3	428309		
10/01/2008			26-3428309 (FEI number, if applicable)		
(Date	of incorporation)	э. <u> </u>	(Date of duration, if other th	f other than perpetual)	
	(Date first transacted busines (SEE SECTIONS 607.1501 & 607 REEET, STATEN ISLAND, NY 10306			y)	
		office <u>st</u>	<u>reet</u> address)		
	(Current ma	iling add	lress, if different)	202411	
	<u>n address</u> of Florida registered agent: (l Andrei Tsiarletski	P.O. Bo	x <u>NOT</u> acceptable)	29	
Name: ffice Address:	17150 North Bay road, APT 2910				
			, Florida <u>33160</u> (Zip code)	er er	
	(City)		(Alp conc)		

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.

	Andrei Tsiarletski Name	]]Chairman	Name	
	Address 7 grayson st	Ovice Chairman		
	staten island,ny, 10306	Director		
Director	·	□President		
President		□Vice President		
		Secretary		
⊡Secretary	Treasuret			
□Other	Dther	□Other	<u> </u>	
		Chairman	Name	
	Name			
_	Address			
Director				
President				
□Vice President		□Vice President	<u> </u>	
	Treasurer			Treasurer
Other	Other	[] Other		Other
		Chairman	Name	
	Name	TVice Chairman	Address	
□Vice Chairman	Address'			
Director _		_		
President _				
□Vice President _				
Secretary	Treasurer	Secretary		Treasurer
Other	[] Other	01her		□Other
Individuals may be :	Signature of Direc	tor or Officer		
The officer or direct she is aware that fal s.817 155, F.S.	or signing this document (and who is listed in nu se information submitted in a document to the De	mber 11 above) affirms that partment of State constitute	the facts stat s a third degr	ed herein are true and that he ee felony as provided for jn
Andrei Tsiarle	etki, President			

### 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:S.I VICTORY CONSTRUCTION & DEVELOPMENT CORPORATIONDOS ID Number:3727254Entity Type:DOMESTIC BUSINESS CORPORATIONEntity Status:EXISTINGDate of Initial Filing with DOS:10/01/2008Statement Status:CURRENTStatement Due Date:10/31/2026

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 March 29, 2024 at 02:39 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100005458823 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <u>http://ecorp.dos.ny.gov</u>