# F24000001973

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### **COVER LETTER**

-	tration Section on of Corporations					
SUBJECT:	CAPUTEK ELECTRICAL	. SERVICES, INC.				
SUBJECT.	Na	me of corporation	n - must include suffix			
Dear Sir or M	adam:					
"Certificate of		cate of Good Star	Authorization to Transac nding" and check are sub- ess in Florida.			
Please return a	ill correspondence conc	erning this matte	r to the following:			
JOHN M. DI CA	\PUA					
		Name of	Person			
CAPUTEK ELE	CTRICAL SERVICES, IN	C.				
	<u> </u>	Firm/Cor	npany			
117 DOGWOO	D TERRACE					
		Addı	ress			
MILLINGTON,	NJ 07946					
<del></del>		City/State	and Zip code			
caputek@gmai	l.com					
	E-mail add	dress: (to be used	for future annual report r	notification)		
For further inf	ormation concerning th	nis matter, please	call:			
JOHN M. DI CA	M. DI CAPUA at () 705-8774					
Name	of Person	Area Coo	de Daytime Telepl	hone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration S Division of Co P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
		A DEPARTMEN	F OF STATE  ☐ \$78.75 Filing Fee & Certified 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.

CAPUTEK ELEC		Lorent Country and a Change of the	England in Clorida)		
	able in Florida, enter alternate corporate name a		ng business in riorida)		
		04-3739794 (FEI number, if applicable)			
•	y under the law of which it is incorporated)	(FEI number, if a	oplicable)		
01/09/2003	5	5. (Date of duration, if other than perpetual)			
	of incorporation)	(Date of duration, if other than perpetual)			
N/A —	(Date first transacted business in	Florida if prior to registration)	-		
	(SEE SECTIONS 607.1501 & 607.150		ity)		
117 DOGWOOD	TERRACE, MILLINGTON NJ 07946				
117 DOGWOOD		e <u>street</u> address)			
117 DOGWOOD		e <u>street</u> address)			
117 DOGWOOD	(Principal offic	e <u>street</u> address) address, if different)	45		
117 DOGWOOD	(Principal offic		<b>•</b> • • • • • • • • • • • • • • • • • •		
-	(Principal offic	address. if different)	^ -		
Name and stree	(Principal offic	address. if different)	^ -		
Name and stree	(Principal offic (Current mailing et address of Florida registered agent: (P.O.	address. if different)	2024 H&D 27		
Name and street	(Principal office) (Current mailing) (Current mailing) (Et address of Florida registered agent: (P.O. Registered Agents Inc 7901 4th St N STE 300	address, if different)  Box NOT acceptable)	^ -		
Name and stree	(Principal office) (Current mailing) (Et address of Florida registered agent: (P.O. Registered Agents Inc	address. if different)	^ -		

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.

(Registered agent's signature)

A. DIRECTORS				
<b>⊠</b> Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:		Address:	
□Director	MILLINGTON, NJ 07946	□Director		
□President	caputek@gmail.com	□President		
□Vice President	201-705-8774	□Vice President		
☐ Secretary	☐ Treasurer	☐ Secretary		□Treasurer
□Other	□Other	☐Other	<del></del>	□Other
□ Director □ President	Nume:Address:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary	Address:	□Treasurer
Other	Other	Other		□Other
□Chairman □Vice Chairman □Director □President	Name:	□Chairman □Vice Chairman □Director □President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
⊡Other	□Other	□Other		□Other
The officer or dire she is aware that fis.817.155, F.S.	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department Signature of Director eter signing this document (and who is listed in numbralse information submitted in a document to the Department).	or Officer  or II above) affirms the rement of State constitution.	eport form.  hat the facts state ates a third degre	ed herein are true and that he or
	John M. Di Capur, Che	airman +	Owner	

#### 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: CAPUTEK ELECTRICAL SERVICES, INC.

**DOS 1D Number:** 2854126

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 01/09/2003

Statement Status: CURRENT Statement Due Date: 01/31/2025

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 25, 2024 at 12:46 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hugher

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100005427063 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>