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COVER LETTER

_	stration Section ion of Corporation	ons		
SUBJECT:	Lakewood Group	Corp		
oobone		Name of corporation	n - must include suffix	
Dear Sir or M	ladam:			
"Certificate o	f Existence," or '		Authorization to Transac nding" and check are sub css in Florida.	
Please return	all corresponden	ce concerning this matte	r to the following:	
Michelle Frass	setti			
		Name of	Person	
Lakewood Gro	oup Corp			
		Firm/Con	npany	,
238 Boundary	Rd., Unit 402			
		Addr	ress	
Marlboro, NJ (07746			
		City/State a	and Zip code	
michelle@lgco	orp.org			
	E-m	ail address: (to be used	for future annual report r	otification)
For further in	formation concer	ning this matter, please o	call;	
Michelle Frass	etti	732 at (982-1070	
Name	e of Person	Area Cod	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 6322	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	ing Fee 🔲 S	ORIDA DEPARTMENT	T OF STATE □ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status &

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.

Lakewood Grou	ір Согр		
(Enter name of c	orporation; must include "INCORPORATED orp," "Inc." "Co." or "Corp.")	," "COMPANY," "CORPORATION,"	,
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida)
New York	3.	81-1048584	
	y under the law of which it is incorporated)	(FEI number, if appl	icable)
01/08/2016	5.	Perpetual	
	of incorporation)	(Date of duration, if other than	an perpetual)
4/23/2024			
·		in Florida, if prior to registration) 502, F.S., to determine penalty liability)
238 Boundary Ro	i. Marlboro, NJ 07746		
·	(Principal of	fice street address)	
238 Boundary Ro	d., Unit 402, Marlboro, NJ 07746		
	(Current maili	ng address, if different)	
. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	Danielle Cofnas		*)
office Address:	1379 Ramsey Way		2024 A
	Jupiter	, Florida	2024 APR 25 AM
	(City)	(Zip code)	S 51
Registered age	ent's acceptance:		
L)	eed as registered agent and to accept serv	ice of process for the above stated o	771 W
	application, I hereby accept the appoint		
	omply with the provisions of all statutes is with and accept the obligations of my po		perjormance of my auti
,	······		
	9 .11. 00		
	Danull Cotra	rs Cr	
	(Registered agent's 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					
□Chairman	Michelle Frassetti Name:	□Chairman	Michael Frassetti Name:		
□Vice Chairman	Address:	□Vice Chairman	65 Prothero Rd.		
□Director	Colts Neck, NJ 07722	□Director	Colts Neck, NJ 07722		
President		□President			
□Vice President		■Vice President			
Secretary	□Treasurer	□Secretary	Treasurer		
□Other	Other	□Other	□Other		
□Chairman	Name:	□Chairman	Name:		
	Address:	□Vice Chairman			
Director					
		Director			
□President		□President	· · ·		
□Vice President		□ Vice President			
□Secretary	□Treasurer	□Secretary	□Treasurer		
□Other	□Other	Other	Other		
□Chairman	Name:	□Chairman	Name:		
	Address:		Address:		
_	Address.		Address.		
□Director		Director			
□President		□President			
□ Vice President		□Vice President			
☐ Secretary	□Treasurer	□Secretary	□Treasurer		
□Other	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. 12. Signature of Director or Officer					
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 Michelle Frassetti

s.817.155, F.S.

LAKEWOOD GROUP CORP.

238 Boundary Road, Unit 402, Marlboro, N.J. 07746

Tel: (732) 982-1070 | Fax: (848) 863-6656

Email: <u>lginfo@lgcorp.org</u> | www.lgcorp.org

Licensed Demolition & Abatement Contractor, N.Y., N.J., P.A., C.T.

April 23, 2024

Division of Corporations P.O. Box 6327 Tallahassee, FL, 32314 Attn: Faith Eggleston Regulatory Specialist III New Filings Section

Re: Affidavit for Lakewood Group Corp. Business Name

Dear Ms. Eggleston,

Lakewood Group Corp. is an environmental contracting and demolition company based out of New Jersey. We contract work in the tri-state area and are looking to expand into Florida as well. I made a mistake and processed our business as a new Florida corporation rather than applying as a foreign entity to do business in Florida. I went through the process of dissolving the company so that we don't run into any issues with the name. Please accept this letter as a notarized affidavit stating that we are releasing the name of the company, Lakewood Group Corp., to ourselves so that the business is an extension of our already incorporated company.

Please contact me with any questions as I apologize for this error and hope we can remedy this situation swiftly and smoothly. My number is 732-982-1070.

Thank you for your understanding.

Respectfully yours,

Michelle Frassetti President before me this 3day of A01, 20 20

> STEPHANIE A MINUCCI Notary Public, State of New Jersey Comm. # 50196736 My Commission Expires 05/03/2027

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: LAKEWOOD GROUP CORP.

DOS 1D Number: 4875754

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 01/08/2016

Statement Status: CURRENT
Statement Due Date: 01/31/2024

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 February 01, 2024 at 09:30 A.M.

Brandon C. Hughen

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100005106315 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.nv.gov