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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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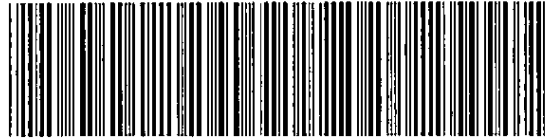
(Business Entity Name)

(Document Number)

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2024 JUL 26 PM 2:05

COVER LETTER

TO: Registration Section
Division of Corporations
Metcalf Corp.

SUBJECT: _____
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:
Bibi Baksh

Name of Person
Metcalf Corp.

Firm/Company
10715 Masters Dr.

Address
Clermont, FL 34711

City/State and Zip code
bsbaksh@gmail.com

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

For further information concerning this matter, please call:

Bibi Baksh 917 587-7518

Name of Person Area Code 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 OF STATE**

☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$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.*

Metcalf Corp.

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
New York

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
9/25/2002

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

N/A

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

1136 Metelf Ave., Ste 1B Bronx, NY 10472

7. _____
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Bibi Baksh

Office Address: 10715 Masters Dr.

Clermont, Florida 34711
(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.

Bibi Baksh

(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2004 JUL 26 PM 2:05

A: DIRECTORS

Bibi Baksh

☐ Chairman Name: _____
10715 Masters Dr., Clermont, FL 34711
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
Chief Executive Officer
☒ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ 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. Bibi Baksh
Bibi Baksh
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 s.817.155, F.S.

13. Bibi Baksh
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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: | METCALF CORP. |
| DOS ID Number: | 2815529 |
| Entity Type: | DOMESTIC BUSINESS CORPORATION |
| Entity Status: | EXISTING |
| Date of Initial Filing with DOS: | 09/25/2002 |
| Statement Status: | CURRENT |
| Statement Due Date: | 09/30/2026 |

I certify that the following is a list of documents on file in the Department of State for said entity:

| | |
|------------------------|------------------------------|
| Document Type: | CERTIFICATE OF INCORPORATION |
| Date of Filing: | 09/25/2002 |
| Entity Name: | METCALF CORP. |

| | |
|------------------------|--------------------|
| Document Type: | BIENNIAL STATEMENT |
| Date of Filing: | 10/08/2004 |
| Effective Date: | 09/01/2004 |

| | |
|------------------------|--------------------|
| Document Type: | BIENNIAL STATEMENT |
| Date of Filing: | 09/19/2006 |
| Effective Date: | 09/01/2006 |

Document Type: BIENNIAL STATEMENT
Date of Filing: 09/15/2008
Effective Date: 09/01/2008

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/07/2010
Effective Date: 09/01/2010

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/12/2012
Effective Date: 09/01/2012

Document Type: BIENNIAL STATEMENT
Date of Filing: 10/02/2014
Effective Date: 09/01/2014

Document Type: BIENNIAL STATEMENT
Date of Filing: 09/12/2016
Effective Date: 09/01/2016

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/18/2024