

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000313141 3)))



H240003131413ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Empil:	Address:			
Emall	Maaress:			

## FOREIGN PROFIT/NONPROFIT CORPORATION Allegiant Contractors, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

9/13/2024 13/18/36 PDT: To: 18506176380 Page: 2/4 Fax: 8134365206

## 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.

"Inc.," "Co.," "C	orporation; must include "INCORPORATED," "Corp," "Inc." "Co," or "Corp.")	OMITARY, CONTORATION,	
(If name unavail	able in Florida, enter alternate corporate name adop	oted for the purpose of transacting but	usiness in Florida)
MA	3.		
(State or countr	y under the law of which it is incorporated)  5		
(Date	18 5	(Date of duration, if other than	perpetual)
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,	rida, if prior to registration) F.S., to determine penalty liability)	
7901 4th	St N STE 300 St. Petersh	• •	
	(Principal office s	reet address)	2 7 2 2
7901 4th S	t N STE 300 St. Petersburg, FL 3		
	(Current mailing ad	dress, if different)	
Name and stree	et address of Florida registered agent: (P.O. Bo	ox NOT acceptable)	2ύz4 SEP 13
	Registered Agents Inc	ox <u>1401</u> acceptancy	SEP
Name:			
ffice Address:	7901 4th St N STE 300	_	P.
	St. Petersburg	Florida <u>33702</u> (Zip code)	P1112: 46
	(City)	(Zip code)	
Registered ag	ent's acceptance:		
aving been nam	ed as registered agent and to accept service o		
	application, I hereby accept the appointment omply with the provisions of all statutes related		
	omply with the provisions of all statutes relate with and accept the obligations of my position		erjormance oj m
J	David Coperts		
_	(Registered agent's signat	ure)	_

<sup>10.</sup> 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.

9/13/2024 13:12:36 PDT -

To: 18506176380

Page: 3/4

Fax: 8134365206

A. DIRECTORS				
□Chairman	Name: Spain, Trisha	□Chairman	Sardella, John	
∏Vice Chairman	Address: 7901 4th St N STE 300	∏Vice Chairman	Address: 7901 4th St N STE 300	
Xi Director	St. Petersburg FL 33702	& Director	St. Petersburg FL 33702	
XIPresident		□President		
□Vice President		□Vice President		
Secretary	☐ Treasurer	Secretary	☐ Treasurer	
Other	Other	□Other	Other	
□Chairman □Vice Chairman	Name: Sardella, Janet 7901 4th St N STE 300	□Chairman □Vice Chairman	Name:	
<b>₩</b> Director	St. Petersburg FL 33702	□ Director		
□President		□President	-	
□Vice President		□Vice President		
<b>∑</b> Secretary	Treasurer	☐ Secretary	☐Treasurer	
□Other	Other	□Other	Other	
∏Chairman	Name:	∏Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□President		□ President		
□Vice President		□Vice President		
Secretary	□Treasurer	□Secretary	□Treasurer	
□Other	Other	Other	Other	
individuals may be	Use an attachment to report more than six (6). The cadded to the index when filing your Florida Depa			
·	Signature of Direct	tor of Officer		
יציו פיני וי				

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.



## The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston. Massachusetts 02183

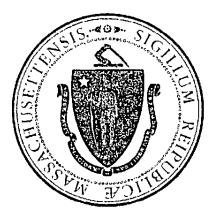
Date: September 11, 2024

To Whom It May Concern:

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

## ALLEGIANT CONTRACTORS, 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 Travers Galein

Certificate Number: 24090182970

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

Processed by: Kma