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	Requestor's Name)	
1	requestors marrie)	
{,	Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(business Littly Name)	
(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Eiling Officer	
Special instructions	to I liling Officer.	
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Office Use Only



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T. LEMIEUX NOV - 4 2024

COVER LETTER

_	tration Section ion of Corporations			
SUBJECT:	RE Building Corp.			
.,02,2011	Name o	of corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Conference," or "Certificate ced foreign corporation to transfer	of Good Stand	ing" and check are subr	
Please return	all correspondence concernit	ng this matter t	to the following:	
Ryan Dutton				
		Name of P	erson	
RE Building C	orp.			
		Firm/Comp	pany	
107 Eagle Lan	e			
		Addres	SS	
Hauppauge, N	Y 11788			
		City/State an	d Zip code	
redutton3@gir				
	E-mail address:	: (to be used to	r future annual report n	ouncation)
For further in	formation concerning this m	atter, please ca	ll:	
Ryan Dutton	yan Dutton 631 449-0135			
Nam	e of Person	at (Area Code	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a Please make ch ☐ \$70.00 Fill	check for the following amo leck payable to: FLORIDA DF ling Fee	EPARTMENT (g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 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.

RE Building Co	rp.				
(Enter name of co	orporation; must include "INCORPORATE orp," "Inc," "Co," or "Corp.")	D," "C	OMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate nan	ne adopt	ed for the purpose of transacting b	usiness in Florida	
New York		33-1	270784		
	y under the law of which it is incorporated)	-· <u></u>	(FEI number, if applicable)		
10/01/2024		5			
	(Date of incorporation) 5.		(Date of duration, if other than perpetual)		
10/11/2024					
107 Eagle Lane, I	(SEE SECTIONS 607.1501 & 607 Hauppauge, NY 11788 (Principal o		.S., to determine penalty hability) reet address)		
	(Current mai	iling add	lress, if different)	20	
3. Name and stree	<u>et address</u> of Florida registered agent: (F	P.O. Bo	x <u>NOT</u> acceptable)	2024 OCT	
Name:	Ryan Dutton			: 7	
Office Address:	9414 Summerbreeze Terrace			e P	
	New Port Richey		, Florida	PH 2: 09 OF STATE	
	(City)		(Zip code))9 ∏E	

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.

A. DIRECTORS					
□Chairman	Ryan Dutton Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	Hauppauge, NY 11788	Director			
■ President		□President			
□Vice President		□Vice President			
□ Secretary	□Treasurer	☐Secretary		□Treasurer	
Other		□Other		□Other	
					
☐ Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman			
□Director		Director			
□President		□President			
		□Vice President			
	Treasurer	☐ Secretary		☐Treasurer	
☐ Secretary		-		□Other	
Other	Other	Other			
CCL-i	Moreon	□Chairman	Name:		
☐Chairman	Name:				
	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.					
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					

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 of 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.

Ryan Dutton, President

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:

RE BUILDING CORP.

DOS ID Number:

7432681

Entity Type:

DOMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

10/01/2024

Statement Status:

CURRENT

Statement Due Date:

10/31/2026

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:

10/01/2024

Entity Name:

RE BUILDING CORP.

Above space is left blank intentionally.

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 October 11, 2024 at 12:45 P.M.

WALTER T. MOSLEY Secretary of State

Brandon C Hughan

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100006750549 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ccorp.dos.ny.gov