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(Requestor's Name) (Address) (Address)	100437779361
(City/State/Zip/Phone #)	. – • · .
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	2021 OCT 17 PH
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T. LEMIEUX NOV - 4 2024 **COVER LETTER** 

#### **Registration Section** TO: **Division of Corporations**

SUBJECT:

# GINORIOS CONSTRUCTION INC

Name of Corporation – must include suffix

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:

## Jason S. Lambert, Esq.

Name of Person

Hill Ward Henderson

Firm/Company

#### 101 E. Kennedy Blvd., Suite 3700

Address

Tampa, FL 33602

City/State and Zip Code

### marioginorio5@gmail.com

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

For further information concerning this matter, please call:

Jason Lambert

Name of Contact Person

Mailing Address:

**Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

**Registration Section** Division of Corporations The Centre of Tallahassee 2415 N. Monroe St. Ste. 810 Tallahassee, FL 32303

#### Enclosed is a check for the following amount made payable to FLORIDA DEPARTMENT OF STATE:

🗵 \$70.00 Filing	□ \$78.75 Filing fee &	□ \$78.75 Filing Fee	□ \$87.50 Filing Fee, Certificate of
Fee	Certificate of Status	& Certified Copy	Status and Certified Copy

813-227-8495

Daytime Telephone Number

Street Address:



1.

#### 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

GINORIOS CONSTRUCTION INC

	(Enter name of corporation: must include "INCORPORATED," "Ine," "Co," or "Corp."	"CON	1PANY." "CORPORATION.	" "Inc.," "C	o.," "C	orp,
	(If name unavailable, enter alternate name adopted for the purpo:	se of t	ransacting business in Florida	l.		
2.	RI	3.				
~	(State or country under the law of which it is incorporated)	—	(FEI Number, if applicable) 88-2941811			
4.	06/23/2022	5.	Perpetual			
_	(date of incorporation)	_	(Date of duration, if e	other than pe	rpetual	1)
6.	Not applicable.					
	(Date first transacted business in	Florid	a, if prior to registration)			
7.	35 Fountain Street, Apt. 3, Pawtucket, RI 0	286(	)			
	(Street Address of I	Princip	pal Office)			
	1006 Prey Court, Kissimmee, FL 34746			:	2024	
	(Current mailing add	fress.	if different)		130	7
					, 	1 بالمحد -
8. Na	ime and <u>street address</u> of Florida registered agent: (P.O. Box <u>NO</u>	<u>T</u> acco	eptable)	· · · · ·	~!	: 771
Name	" Mario Ginorio			S -	PH	U U
Office Addro			······································		- <u>1</u> ; 20	
	Kissimmee, FL 34746			· · · ł		

#### 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.

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

□ Chairman □ Vice Chairman	Name: Mario Ginorio	□ Chairman □ Vice Chairman	Name:
□ Director	Address:	□ Director	Address:
🛛 President	1006 Prey Court Kissimmee, FL 34746 USA	President	
□ Vice President		□ Vice President	
Secretary		□ Secretary	······································
🗖 Other		C Other	
🗖 Chairman	Name:	🗖 Chairman	Name:
Uvice Chairman		🛛 Vice Chairman	
Director	Address:	Director	Address:
President		President	
□ Vice President		□ Vice President	
Secretary		□ Secretary	
□ Other		• Other	
🗆 Chairman	Name:	🗖 Chairman	Name:
🗖 Vice Chairman		🗖 Vice Chairman	
□ Director	Address:	Director	Address:
🗆 President		President	
□ Vice President		□ Vice President	
Secretary		□ Secretary	
□ Other		□ Other	

<u>Important Notice</u>: 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.

Monuf.

12.

Signature of Officer or Director

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. Mario Ginorio as President of Ginorios Construction Inc

(Type or printed name and capacity of person signing the application)



State of Rhode Island Department of State | Office of the Secretary of State Gregg M. Amore, Secretary of State

#### CERTIFICATE OF GOOD STANDING

1, Gregg M. Amore, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

#### **GINORIOS CONSTRUCTION INC**

is a Rhode Island Business Corporation organized on **June 23, 2022.** I further certify that revocation proceedings are not pending: articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

This certificate is not to be considered as a notice of the corporation's tax status, financial condition or business practices; such information is not available from this office.



SIGNED and SEALED on

October 01, 2024

Arey M. Coure

Secretary of State

Certificate Number: 24100003040 Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx Processed by: dantonelli