

FD400000 5728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

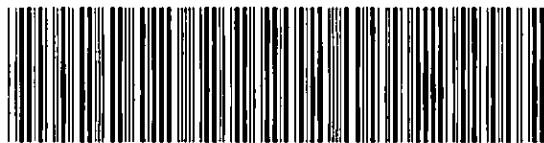
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE

T. LEMEUX

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COVER LETTER

TO: Registration Section
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

813-227-8495

Daytime Telephone Number

Mailing Address:

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

Street Address:

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:**

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status and Certified Copy
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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

1. GINORIOS CONSTRUCTION INC
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

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 other than perpetual)

6. Not applicable.
(Date first transacted business in Florida, if prior to registration)

7. 35 Fountain Street, Apt. 3, Pawtucket, RI 02860
(Street Address of Principal Office)

1006 Prey Court, Kissimmee, FL 34746
(Current mailing address, if different)

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CLERK OF STATE

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

Name: Mario Ginorio
Office Address: 1006 Prey Court
Kissimmee, FL 34746

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 Name: Mario Ginorio
 Vice Chairman _____
 Director Address: _____
 President 1006 Prey Court
 Kissimmee, FL 34746 USA
 Vice President _____
 Secretary _____
 Other _____

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

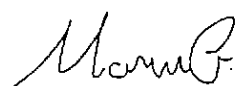
Chairman Name: _____
 Vice Chairman _____
 Director Address: _____
 President _____
 Vice President _____
 Secretary _____
 Other _____

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

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

Chairman Name: _____
 Vice Chairman _____
 Director Address: _____
 President _____
 Vice President _____
 Secretary _____
 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 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

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

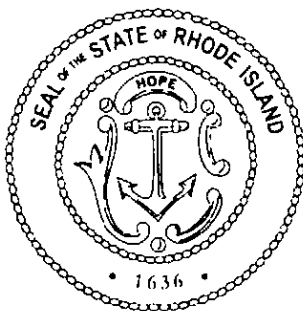
GINORIOS CONSTRUCTION INC

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

Secretary of State



Certificate Number: 24100003040

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: dantonelli