

# F95000002870

## TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

000001472790  
-05/03/95--01042--002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: EASTERN FINANCIAL TRANSFERS, INC.  
(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", 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:

RONALD G ONLOFF  
(Name of Person)  
EASTERN FINANCIAL TRANSFERS, INC.  
(Firm/Company)  
302 AKROY ROAD  
(Address)  
LAKE WORTH FL 33467 4808 mtn  
(City, State and Zip Code)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 14 AM 9:20

Should you need to call someone concerning this matter, please call:

RONALD G ONLOFF at (407) 968-0002  
(Name of Person) Area Code & Daytime Telephone Number

W95-9304

### COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

**May 3, 1995**

**EASTERN FINANCIAL TRANSFER, INC.**  
**% RONALD G. ORLOFF**  
**302 AKRON RD.**  
**LAKE WORTH, FL 33467-4808**

**SUBJECT: EASTERN FINANCIAL TRANSFER, INC.**  
**Ref. Number: W95000009304**

We have received your document for EASTERN FINANCIAL TRANSFER, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6094.

**Steven Harris**  
**Corporate Specialist**

**Letter Number: 495A00021323**



**FLORIDA DEPARTMENT OF STATE**

Sandra B. Mortham  
Secretary of State

June 6, 1995

EASTERN FINANCIAL TRANSFER, INC.  
% RONALD G. ORLOFF  
302 AKRON RD.  
LAKE WORTH, FL 33467-4808

SUBJECT: EASTERN FINANCIAL TRANSFER, INC.  
Ref. Number: W950000C9304

We have received your document for EASTERN FINANCIAL TRANSFER, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A photocopy of the certificate of existence is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6097.

Michael Mays  
Corporate Specialist

Letter Number: 495A00021323

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE  
STATE OF FLORIDA:**

1. EASTERN FINANCIAL TRANSFER, INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE 3. APPLIED FOR  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 11, 1995 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Will START MAY 15, 1995  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.))

7. 302 AKROY ROAD  
LAKE WORTH FL 33467-4808  
(Current mailing address)

8. ELECTRONIC FUNDS TRANSFER  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: RONALD G ORLOFF

Office Address: 302 AKROY ROAD  
LAKE WORTH FL, Florida, 33467  
(Zip Code)

10. 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.

Ronald G. Orloff  
(Registered agent's signature)

11. 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.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 14 AM 9:20

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: RONALD G. ORLOFF

Address: 302 AKRON ROAD  
LAKE WALTH, FL 33467

Vice Chairman: BARRY BOWDER

Address: 38 Knollwood ROAD  
Upper Saddle River, N.J. 07458

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: RONALD G. ORLOFF

Address: 302 AKRON ROAD  
LAKE WALTH, FL 33467

Vice President: P

Address: \_\_\_\_\_

Secretary: BARRY BOWDER

Address: 38 Knollwood ROAD  
Upper Saddle River, N.J. 07458

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

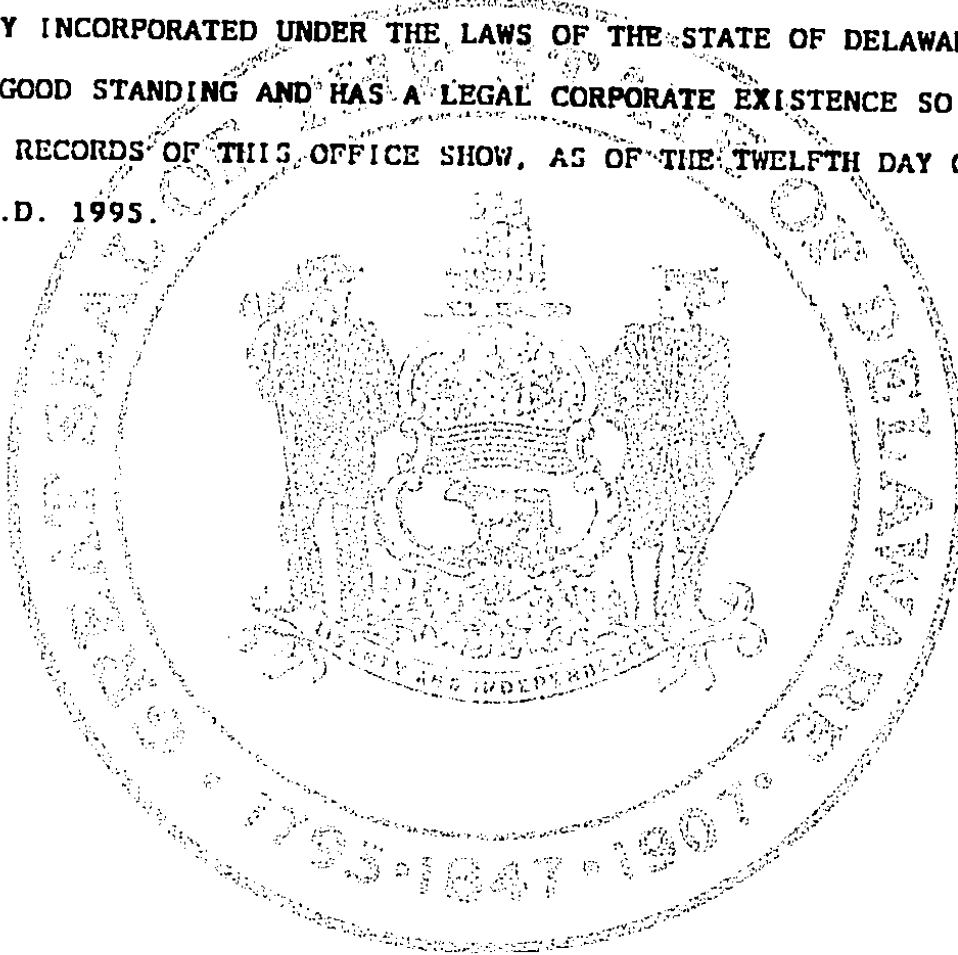
13. Ronald G. Orloff  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. RONALD G. ORLOFF, President  
(Typed or printed name and capacity of person signing application)

FILED  
SECRETARY'S OFFICE  
DISSEMINATION SECTION  
JUN 11 1970

State of Delaware  
Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EASTERN FINANCIAL TRANSFERS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF MAY, A.D. 1995.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 14 AM 9:20



*Edward J. Freel*  
Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE: 7504312

05-12-95

2506619 8300

950095746

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Florida Department of State  
Corporate Records  
P.O. Box 6327  
Tallahassee, Fl. 32314

Att: Michael Mays

Dear Mr. Mays,

Thank you for your letter ( #495A00029104 ). Eastern Financial Transfers Federal  
Employer Identification Number is 52-1927554.

Sincerely,



Ronald G. Orloff

Ronald G. Orloff

CT Corp  
(Requestor's Name)  
  
Tallahassee  
(City, State, Zip) (Phone #)

OFFICE USE ONLY

100001519621  
-06/21/95--01077--006  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Const Steel Fabricators Co. Ltd. - F95000002975  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time \_\_\_\_\_

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

CC  
HK 6/20

Examiner's Initials