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(Reque	estor's Name	)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	es of Status
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D. SCOTT MAY 3 0 2017

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

#### AFRATE PROPERTIES, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

#### **GLEN BLEAU**

Name of Person

## ANGELO'S AGGREGATE MATERIALS, LTD

Firm/Company

#### 855 28TGH STREET SOUTH

Address

## ST. PETERSBURG, FL 33712

City/State and Zip Code

## gbleau@angelosrm.com

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

For further information concerning this matter, please call:

#### Glen Bleau

727

581-1544

Name of Contact Person

Area Code

Daytime Telephone Number

#### **MAILING ADDRESS:**

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

#### **STREET ADDRESS:**

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

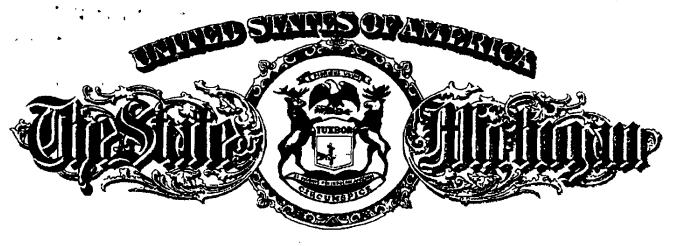
☐ \$155.00 Filing Fee & Certified Copy

\$160.00 Filing Fee Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	same adopted for the purpose of transacting business in	in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC."
MICHIGAN		<sub>3</sub> 38-3491213
	hich foreign limited liability company is organized)	(FEI number, if applicable)
	(Date first transacted business in Florida, if pric (See sections 605.0904 & 605.0905, F.S. to de	ior to registration.)
855 28TH STREE		6. 855 28TH STREET SOUTH
(Street Address of F	Principal Office)	6. (Mailing Address)
ST. PETERSBUR	RG, FL 33712	ST. PETERSBURG, FL 33712
Name and street address	ss of Florida registered agent: (P.O. E	Box NOT acceptable)
Name:	GLEN BLEAU	
	855 28TH STREET SOUTH	
Office Address:		<u> </u>
	ST. PETERSBURG	, Florida 33712
egistered agent's accep	(City)	(Zip code)
		of process for the above stated limited liability company at the
	s of my position as registered agent.	oper and complete performance of my duties, and I am familiar
	1 Cun It is	Elian
	(Registered age	Clean
The name title or cana	(Registered age	Olan ent's signature)
The name, title or capa <u>Title or Capacity:</u>	(Registered age	Clean
	(Registered age acity and address of the person(s) who Name and Address:	o has/have authority to manage is/are:  Title or Capacity:  Name and Address:
Title or Capacity:	(Registered age	o has/have authority to manage is/are:  Title or Capacity:  Name and Address:
Title or Capacity:	acity and address of the person(s) who  Name and Address:  DOMINIC IAFRATE	o has/have authority to manage is/are:  Title or Capacity:  Name and Address:
Title or Capacity: MANAGING MEMBER	(Registered age acity and address of the person(s) who Name and Address:  DOMINIC IAFRATE  855 28TH STREET SOUTH  ST. PETERSBURG, FL 33712	o has/have authority to manage is/are:  Title or Capacity:  Name and Address:
Title or Capacity:	(Registered age acity and address of the person(s) who Name and Address:  DOMINIC IAFRATE  855 28TH STREET SOUTH ST. PETERSBURG, FL 33712  ANGELO IAFRATE	o has/have authority to manage is/are:  Title or Capacity:  Name and Address:
Title or Capacity: MANAGING MEMBER	(Registered age acity and address of the person(s) who Name and Address:  DOMINIC IAFRATE  855 28TH STREET SOUTH  ST. PETERSBURG, FL 33712	o has/have authority to manage is/are:  Title or Capacity:  Name and Address:
Title or Capacity:  MANAGING MEMBER  MANAGING MEMBER	Registered age acity and address of the person(s) who Name and Address:  DOMINIC IAFRATE  855 28TH STREET SOUTH ST. PETERSBURG, FL 33712  ANGELO IAFRATE  855 28TH STREET SOUTH ST. PETERSBURG, FL 33712	o has/have authority to manage is/are:  Title or Capacity:  Name and Address:
Title or Capacity: MANAGING MEMBER	Registered age acity and address of the person(s) who Name and Address:  DOMINIC IAFRATE  855 28TH STREET SOUTH ST. PETERSBURG, FL 33712  ANGELO IAFRATE  855 28TH STREET SOUTH ST. PETERSBURG, FL 33712	o has/have authority to manage is/are:  Title or Capacity:  Name and Address:
Title or Capacity:  MANAGING MEMBER  MANAGING MEMBER  Jse attachments if necess  Attached is a certificate	Registered age acity and address of the person(s) who Name and Address:  DOMINIC IAFRATE  855 28TH STREET SOUTH ST. PETERSBURG, FL 33712  ANGELO IAFRATE  855 28TH STREET SOUTH ST. PETERSBURG, FL 33712  sary)  of existence, no more than 90 days of	o has/have authority to manage is/are:  Title or Capacity:  Name and Address:
Title or Capacity:  MANAGING MEMBER  MANAGING MEMBER  Jse attachments if necess  Attached is a certificate risdiction under the law of the law	Registered age acity and address of the person(s) who Name and Address:  DOMINIC IAFRATE  855 28TH STREET SOUTH ST. PETERSBURG, FL 33712  ANGELO IAFRATE  855 28TH STREET SOUTH ST. PETERSBURG, FL 33712  sary)  of existence, no more than 90 days of of which it is organized. (If the certification of the company of the certification of the certifi	o has/have authority to manage is/are:  Title or Capacity:  Name and Address:
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Title or Capacity:  MANAGING MEMBER  MANAGING MEMBER  Jse attachments if necess  Attached is a certificate risdiction under the law of the law	Registered age acity and address of the person(s) who Name and Address:  DOMINIC IAFRATE  855 28TH STREET SOUTH ST. PETERSBURG, FL 33712  ANGELO IAFRATE  855 28TH STREET SOUTH ST. PETERSBURG, FL 33712  sary)  of existence, no more than 90 days of of which it is organized. (If the certificity in the certification in the cer	o has/have authority to manage is/are:  Title or Capacity:  Name and Address:



## Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

#### IAFRATE PROPERTIES LLC

was validly organized on September 10, 1999 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission 1452947

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 24th day of May, 2017

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau