Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000320746 3)))



H210003207463ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

_	_	
	$\Gamma \Lambda$	

Division of Corporations

Fax Number : (850)617-6383

From:

: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081

Estimated Charge

: (307)200-2803

Phone Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	 _

**Foreign Limited Liability Company** H.T. Contractors & Services LLC Certificate of Status Certified Copy 04 Page Count

Electronic Filing Menu

Corporate Filing Menu

Help

0

0

\$125.00

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

	3. 84-3268427 (FEI number, if applicable)
nich foreign limited hability company is organized)	(FEI number, if applicable)
(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	
	<sub>6.</sub> 177 Madison Street
rincipal Office)	(Mailing Address)
urg FL 33702	Franklin Square NY 11010
s of Florida registered agent: (P.O. Box	Franklin Square NY 11010
Registered Agents	
7901 4th St N STE	300
St. Petersburg	. Florida 33702
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, E.S. to determine St N  Principal Office)  Urg FL 33702  ss of Florida registered agent: (P.O. Box Registered Agents 7901 4th St N STE

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: Daniel Essig Manager Name: \_\_\_\_\_ Manager 7901 4th St N STE 300 Member Address: Member St. Petersburg FL 33702 Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Other\_ Manager 🗌 Manager Name: \_\_\_\_\_ Member .... Address: \_\_\_\_\_ Member Authorized Authorized Person Person Other\_\_\_\_ Other Other Manager ... Manager Name: Member Member Address: \_\_\_\_\_ Authorized Authorized Person Person Other\_\_\_\_ Other Other\_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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. Riley Park

Exped or printed name of signee

## STATE OF NEW YORK

## DEPARTMENT OF STATE

## Certificate of Status

I, ROSSANA ROSADO, 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:

H.T. CONTRACTORS & SERVICES LLC

DOS 1D Number:

5633169

Entity Type:

DOMESTIC LIMITED LIABILITY COMPANY

Entity Status:

**EXISTING** 

Date of Initial Filing with DOS:

10/04/2019

Statement Status:

CURRENT

Statement Due Date:

10/31/2021

No information is available from this office regarding the financial condition, business activity or practices of this entity.

2821 AUG 26

WITNESS my hand and official seal of the Department State at the City of Albany, on August 17, 2021 at 02:26 P.M.

ROSSANA ROSADO, Secretary of State

9

Brandon C Hugher

By Brendan C. Hughes

**Executive Deputy Secretary of State** 

Authentication Number: 100000245090 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>