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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

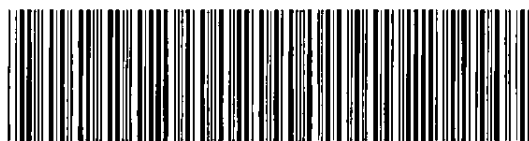
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: \_\_\_\_\_  
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:

Delwin Alvarado

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Name of Person

Northeast Stone & Concrete Solutions

---

Firm/Company

7128 Dilly Lake Ave

---

Address

Groveland/Fl. 34736

---

City/State and Zip Code

lito723@comcast.net

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

For further information concerning this matter, please call:

Delwin Alvarado 617 778-3613  
 \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
 Name of Contact Person Area Code 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 Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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:*

1. Northeast Stone & Concrete Solutions, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Londonderry, NH 3. 92-1772041  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7128 Dilly Lake Ave, Groveland, FL 34736 6. 7128 Dilly Lake Ave, Groveland, FL 34736  
(Street Address of Principal Office) (Mailing Address)

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

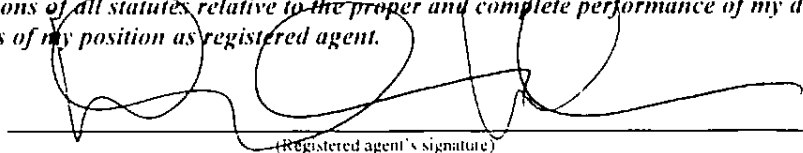
Name: Delwin Alvarado

Office Address: 7128 Dilly Lake Ave

Groveland, Florida 34736  
(City) (Zip code)

**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)

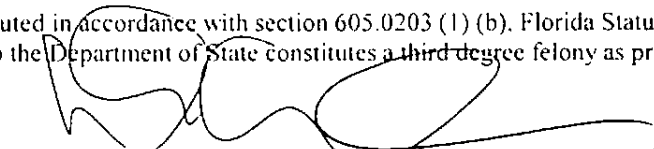
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Delwin Alvarado		<input type="checkbox"/> Manager	Name:	Casey Chaffin	
<input type="checkbox"/> Member	Address:	7128 Dilly Lake Ave		<input type="checkbox"/> Member	Address:	PO Box 101	
<input checked="" type="checkbox"/> Authorized		Groveland, FL 34736		<input checked="" type="checkbox"/> Authorized		Clinton, MA 01510	
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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.

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.

  
\_\_\_\_\_  
Signature of an authorized person

Delwin Alvarado  
\_\_\_\_\_  
Typed or printed name of signee

# State of New Hampshire

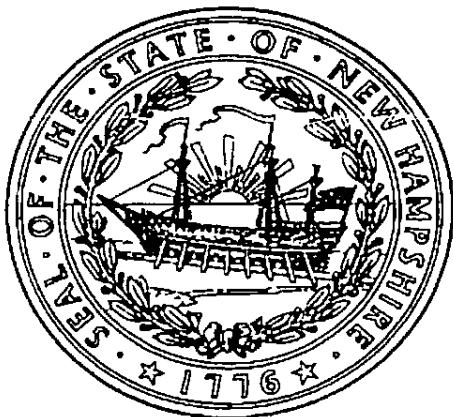
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that NORTHEAST STONE & CONCRETE SOLUTIONS, INC. is a New Hampshire Profit Corporation registered to transact business in New Hampshire on January 06, 2023. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 920331

Certificate Number: 0006752394



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 15th day of August A.D. 2024.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State



State of New Hampshire  
Department of State  
2024 ANNUAL REPORT

Filed  
Date Filed 8/15/2024  
Effective Date 8/15/2024  
Business ID: 920331  
David M. Scanlan  
Secretary of State

BUSINESS NAME:	NORTHEAST STONE & CONCRETE SOLUTIONS, INC.
BUSINESS TYPE:	Domestic Profit Corporation
BUSINESS ID:	920331
STATE OF INCORPORATION:	New Hampshire

PREVIOUS PRINCIPAL OFFICE ADDRESS	PREVIOUS MAILING ADDRESS
7 Noonan Drive Londonderry, NH, 03053, USA	57 Lawrence Road Salem, NH, 03079, USA

NEW PRINCIPAL OFFICE ADDRESS	NEW MAILING ADDRESS
7128 Dilly Lake Ave Groveland, FL, 34736, USA	7128 Dilly Lake Ave Groveland, FL, 34736, USA

REGISTERED AGENT AND OFFICE	
REGISTERED AGENT:	Delwin Alvarado
REGISTERED AGENT OFFICE ADDRESS:	7 Noonan Drive Londonderry, NH, 03053, USA

PRINCIPAL PURPOSE(S)	
NAICS CODE	NAICS SUB CODE
Construction	Masonry Contractors

OFFICER / DIRECTOR INFORMATION		
NAME	BUSINESS ADDRESS	TITLE
Delwin Alvarado	7128 Dilly Lake Ave, Groveland, FL, 34736, USA	Chairman of the Board of Directors
Delwin Alvarado	57 Lawrence Road, Salem, NH, 03079, USA	Director
Delwin Alvarado	7128 Dilly Lake Ave, Groveland, FL, 34736, USA	Chief Executive Officer

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.	
Title:	Director
Signature:	Delwin Alvarado
Name of Signer:	Delwin Alvarado