

M24 000014695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

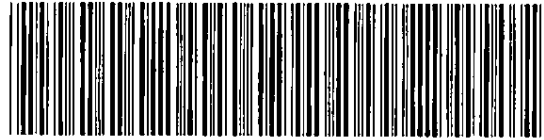
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Special Instructions to Filing Officer:

Rec'd 11-12-24

W24-124692

Office Use Only



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11/18/24--01006--022 **72.50

08/28/24--01017--001 **87.50

SECRETARY OF STATE
TALLAHASSEE, FL

2024 NOV 12 PM 4:36

FILED

M. SOLOMON

NOV 20 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M.J.F. MECHANICAL L.L.C.

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:

JOSEPH A. SCIACCA

Name of Person

JOSEPH A. SCIACCA, CPA

Firm/Company

140 ADAMS AVE SUITE A-5

Address

HAUPPAUGE, NY 11788

City/State and Zip Code

INFO@SRSLLP.COM

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

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2024 NOV 12 PM 4:36
SRSLLP

For further information concerning this matter, please call:

____ 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

RECEIVED
NOV 12 2024

check for \$72.50
enclosed in addition
to \$87.50 already
sent in and on file.

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. M.J.F. MECHANICAL L.L.C.
(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. NEW YORK
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(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. 9172 MAINLANDS BLVD E
(Street Address of Principal Office)

6. 9172 MAINLANDS BLVD E
(Mailing Address)

PINELLAS PARK, FL 33782

PINELLAS PARK, FL 33782

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

Name: MICHAEL FACCIPONTE

Office Address: 9172 MAINLANDS BLVD E

PINELLAS PARK, Florida 33782
(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.

Michael Facciponte
(Registered agent's signature)

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CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
FLORIDA

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 type="checkbox"/> Manager	Name: <u>MICHAEL FACCIPONTE</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>9712 MAINLANDS BLVD E</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>PINELLA PARK, FL 33782</u>	<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 _____
<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

MICHAEL FACCIPONTE

Typed or printed name of signer

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, 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:	M.J.F. MECHANICAL L.L.C.
DOS ID Number:	6357768
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	12/28/2021
Statement Status:	CURRENT
Statement Due Date:	12/31/2025

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



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on August 15, 2024 at 10:49 A.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2024

JOSEPH A. SCIACCA
140 ADAMS AVE, SUITE A-5
HAUPPAUGE, NY 11788 US

SUBJECT: MJF MECHANICAL LLC
Ref. Number: W24000124692

Please accept our apology for failing to mention this in our previous letter.

The form you submitted is for a Foreign INC, but your entity is a Foreign LLC.
Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Mel Solomon
Operations Manager A

Letter Number: 424A00022783



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2024

JOSEPH A. SCIACCA
140 ADAMS AVE, SUITE A-5
HAUPPAUGE, NY 11788 US

SUBJECT: MJF MECHANICAL LLC
Ref. Number: W24000124692

We have received your document for MJF MECHANICAL LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 924A00019866

updated.