

F22000002943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

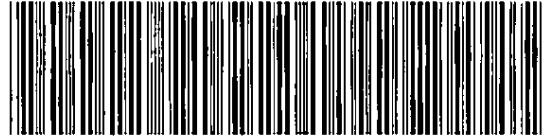
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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05/12/22--01010--014 **70.00

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2022 MAY 12 PM 3:0
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

S. ROBERTS

MAY 12 2022



May 11, 2022

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

Re: SDB, Inc. dba SDB Contracting Services, Inc.
Type Application: Foreign Business Registration

To Whom It May Concern:

Please find attached the below listed documents for the above referenced client.

1. Completed foreign limited liability company registration application. Please note that the business name SDB, Inc. may not be available because there is a current business registered as SDB, LLC. If so, please register the alternate business name SDB Contracting Services, Inc.
2. Registration fee including registered agent fee.
3. Certificate of existence from domicile state of the business.

Thank you for your attention to this application filing.

Sincerely,

A handwritten signature in black ink, appearing to read "DT", is written over a horizontal line.

David L. Taber, Jr.
President



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign profit corporation to transact business in Florida. The requirements are as follows:

- Pursuant to section 607.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the COVER letter and send one check for the total amount made payable to the Florida Department of State.
- The COVER letter included in this packet should be completed and submitted along with the certificate, application and check. Both the mailing address and courier address are noted in the COVER letter.
- **Important Information About the Requirement to File an Annual Report**
All Profit Corporations must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____ **SDB, 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," or "Certificate of Good Standing" 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:

_____ **DAVID L. TABER JR.** _____
Name of Person

_____ **CONTRACTOR LICENSING, INC.** _____
Firm/Company

_____ **P.O. BOX 2122** _____
Address

_____ **MARCO ISLAND, FL 34146** _____
City/State and Zip code

_____ **david@contractorlicensinginc.com** _____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ **DAVID L. TABER JR.** _____ at (**239**) **394-2300** _____
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

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

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

1. SDB, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "In.," "Co.," or "Corp.")

SDB CONTRACTING SERVICES, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ARIZONA 3. 94-2705363
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1001 SOUTH EDWARD DRIVE, TEMPE, AZ 85281
(Principal office street address)

(Current mailing address, if different)

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

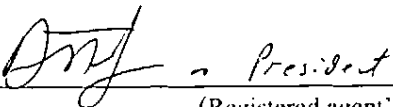
Name: CONTRACTOR LICENSING, INC.

Office Address: 601 E. ELKCAM CIR, UNIT B-1

MARCO ISLAND, Florida 34145
(City) (Zip code)

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2022 MAY 12 PM 3:07
STATE OF FLORIDA
TALLAHASSEE, FL

9. 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.



(Registered agent's signature)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: ANGELINE SCHMIDT
 Vice Chairman Address: 1001 S. EDWARD DR
 Director TEMPE, AZ 85281
 President _____
 Vice President _____
 Secretary Treasurer
 Other CEO Other _____

Chairman Name: JOHN P. FILLION
 Vice Chairman Address: 1001 S. EDWARD DR
 Director TEMPE, AZ 85281
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: DOMINIC SPAGNUOLO
 Vice Chairman Address: 1001 S. EDWARD DR
 Director TEMPE, AZ 85281
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: CRAIG K. SCHMIDT
 Vice Chairman Address: 1001 S. EDWARD DR
 Director TEMPE, AZ 85281
 President _____
 Vice President _____
 Secretary Treasurer
 Other COO Other _____

Chairman Name: EDWARD W. RICCIO
 Vice Chairman Address: 1001 S. EDWARD DR
 Director TEMPE, AZ 85281
 President _____
 Vice President _____
 Secretary Treasurer
 Other CFO Other _____

Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ 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.

12. Edward W. Riccio
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Edward W. Riccio, P.D.C
 (Typed or printed name and capacity of person signing application)

STATE OF ARIZONA



**Office of the
CORPORATION COMMISSION**

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

SDB, INC.

ACC file number: 01335220

was incorporated under the laws of the State of Arizona on 11/04/1980:

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 05/05/2022



A handwritten signature in black ink, reading "Matthew Neubert", written over a horizontal line.

Matthew Neubert, Executive Director