# LDD(1)(1)29°

(Ř	Requestor's Name)
(A	address)
(A	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(C	Pocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer.

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## CORPORATE ACCESS, \_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## **WALK IN**

PICK UP: 5/12 DANNY

X	РНОТОСОРУ		
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X	FILING	FOREIGN INC	2022 HAY 12
E	IZ CONTRACTORS	, INC.	
	ORPORATE NAME AND DOC		2. 2.
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## 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.

	corporation; must include "INCORPORATI	ED." "C	OMPANY." "CORPORATION."		
"Ine.," "Co.," "C	Corp." "Inc." "Co." or "Corp.")				
(If name unavail	able in Florida, enter alternate corporate na	me adop	ted for the purpose of transacting b	usiness in F	lorida)
NEW YORK		3			
(State or count	ry under the law of which it is incorporated	) — <u> </u>	(FEI number, if applic	cable)	•
12/24/2003		5			
(Date	e of incorporation)	J	(Date of duration, if other than	n perpetual)	
05/12/2022					
	(Date first transacted busine	ss in Flo	rida, if prior to registration)		
27 North Rockla			rida, if prior to registration) F.S., to determine penalty liability)		
27 North Rockla	(SEE SECTIONS 607.1501 & 60 nd Avenue Congers, NY 10920	7.1502, 1			
27 North Rockla	(SEE SECTIONS 607.1501 & 60 nd Avenue Congers, NY 10920 (Principal	7.1502, I	F.S., to determine penalty liability)  reet address)		2027
27 North Rockla	(SEE SECTIONS 607.1501 & 60 nd Avenue Congers, NY 10920 (Principal	7.1502, I	F.S., to determine penalty liability)		Z027 F.
	(SEE SECTIONS 607.1501 & 60 nd Avenue Congers, NY 10920  (Principal  (Current ma	7.1502, I	F.S., to determine penalty liability)  reet address)  dress, if different)		2027 F.Y.1
	(SEE SECTIONS 607.1501 & 60 nd Avenue Congers, NY 10920  (Principal  (Current ma	7.1502, I	F.S., to determine penalty liability)  reet address)  dress, if different)		12
	(SEE SECTIONS 607.1501 & 60 nd Avenue Congers, NY 10920  (Principal  (Current ma	7.1502, I	F.S., to determine penalty liability)  reet address)  dress, if different)		 
Name and stre	(SEE SECTIONS 607.1501 & 60 nd Avenue Congers, NY 10920  (Principal  (Current ma	7.1502, I	F.S., to determine penalty liability)  reet address)  dress, if different)		Y 12 Pil 1:
Name and stre	(SEE SECTIONS 607.1501 & 60 nd Avenue Congers, NY 10920  (Principal  (Current ma et address of Florida registered agent: ( Emmanouil Zervakis  6715 Wilson Road	office st	F.S., to determine penalty liability)  reet address)  dress, if different)		12

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.



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.

A. DIRECTORS				
□Chairman	Name: Emmanouil Zervakis	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Di <del>re</del> ctor	Middletown NY 10940	□Director		
■ President		□President		
□Vice President		□Vice President		<del></del>
☐ Secretary	□Treasurer	□Secretary		☐Treasurer
Other	Other	□Other	<del></del>	□ Other
□Chairman	Name:	☐ Chairman	Name:	<u></u> .
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		Director		
□Presid <b>e</b> nt		□President		
□Vice President		□Vice President		
□Secretary	Treasurer	☐ Secretary		□Treasurer
□ Other	Other	□Other		Oother 22
□ Chairman	Name:	□Chairman	Name:	12
□Vice Chairman	Address:	□Vice Chairman	Address:	P
☐Director		□Director		
□President		☐ President		- 2
□Vice President		□Vice President		
☐ Secretary	Treasurer	☐ Secretary		☐ Treasurer
□Other	□Other	□Other		□Other
individuals may b	Use an attachment to report more than six (6). The are added to the index when filing your Florida Department 2 LIVALIS	ment of State Annual F	Report form.	purposes only. Non-indexed
<del>_</del>	Signature of Director	r or Officer		
The officer or dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in numb false information submitted in a document to the Depa	ber 11 above) affirms artment of State consti	that the facts stat tutes a third degr	ed herein are true and that he or ee felony as provided for in
13. Emmanouil	Zervakis - PRESIDENT			

### STATE OF NEW YORK

#### DEPARTMENT OF STATE

### Certificate of Status

I, ROBERT J. RODRIGUEZ, 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:** 

EIZ CONTRACTORS, INC.

DOS ID Number:

2992201

**Entity Type:** 

DOMESTIC BUSINESS CORPORATION

**Entity Status:** 

EXISTING

Date of Initial Filing with DOS:

12/24/2003

**Statement Status:** 

**CURRENT** 

Statement Due Date:

12/31/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

**Document Type:** 

CERTIFICATE OF INCORPORATION

Date of Filing:

12/24/2003

**Entity Name:** 

EIZ CONTRACTORS, INC.

Document Type:

CERTIFICATE OF CHANGE

Date of Filing:

05/24/2004

Document Type:

BIENNIAL STATEMENT

Date of Filing:

08/25/2010

**Effective Date:** 

12/01/2009

Page I of 3

Document Type: Date of Filing: Effective Date:	BIENNIAL STATEMENT 12/28/2011 12/01/2011	
Document Type:	BIENNIAL STATEMENT	, , , , , , , , , , , , , , , , , , ,
Date of Filing: Effective Date:	01/21/2014 12/01/2013	
Document Type:	BIENNIAL STATEMENT	
Date of Filing: Effective Date:	04/24/2017 12/01/2015	
Document Type:	BIENNIAL STATEMENT	
Date of Filing:	12/01/2017	
Document Type:	BIENNIAL STATEMENT	
Date of Filing:	12/04/2019	
Effective Date:	12/01/2019	2022 HAY
Document Type:	BIENNIAL STATEMENT	NY 12
Date of Filing:	05/11/2022	_
Effective Date:	12/01/2021	PH 1: 02

Above space is left blank intentionally.

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 May 12, 2022 at 11:07 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Heylan

By Brendan C. Hughes Executive Deputy Secretary of State

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