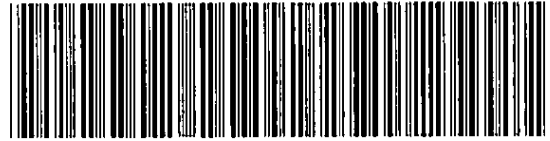


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(Requestor's Name)

(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:

W24-89657

Office Use Only

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
24 JUL 10 PM 3:59



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 13, 2024

STEVEN J SOLIMANO
1870 S. WINTON ROAD, SUITE 220
ROCHESTER, NY 14618 US

SUBJECT: VIELE, SOLIMANO, SWAGLER & CHAPMAN, CPA PC
Ref. Number: W24000089657

We have received your document for VIELE, SOLIMANO, SWAGLER & CHAPMAN, CPA PC and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law does not provide for the recognition of a foreign professional corporation. An acceptable corporate suffix will need to be added to your entity name for this Department to accept and file your document.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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

Ariel Jones
Regulatory Specialist II

Letter Number: 424A00012849

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Viele, Solimano, Swagler & Chapman, CPA PC

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:

Steven J Solimano

Name of Person

Viele, Solimano, Swagler & Chapman, CPA PC

Firm/Company

1870 S. Winton Road, Suite 220

Address

Rochester, NY 14618

City/State and Zip code

ssolimano@vssepa.com

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

For further information concerning this matter, please call:

Steven Solimano

at (585) 232-2670

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 & \$78.75 Filing Fee & \$87.50 Filing Fee.

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. Viele, Solimano, Swagler & Chapman, CPA PC, Corp.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Viele, Solimano, Swagler & Chapman CPA Professional Corp.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 16-1303987
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/5 1987 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. 1870 S Winton Rd Suite 220 Rochester, NY 14618
(Principal office street address)

(Current mailing address, if different)

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

Name: Janet M. Desiato

Office Address: 4633 Glordano Avenue

North Port, Florida 34286
(City) (Zip code)

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]:

FILED SECRETARY OF STATE DIVISION OF CORPORATION 24 JUL 10 AM 3:59

A. DIRECTORS

Chairman Name: Steven J. Solimano
 Vice Chairman Address: 1 S. Clinton Ave. Apt 1813
 Director Rochester, NY 14604
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Gary P. Swagler
 Vice Chairman Address: 203 Clover Hills Drive
 Director Rochester, NY 14618
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

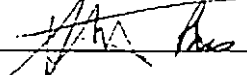
Chairman Name: Michael T. Chapman
 Vice Chairman Address: 4140 Middle Cheshire Road
 Director Canandaigua, NY 14424
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: James M. Rodola
 Vice Chairman Address: 55 Southend Square
 Director West Henrietta, NY 14586
 President _____
 Vice President _____
 Secretary Treasurer
 Other Principal _____ Other _____

Chairman Name: Janet M. Desiato
 Vice Chairman Address: 4633 Giordano Ave
 Director North Port, FL 34286
 President _____
 Vice President _____
 Secretary Treasurer
 Other Principal _____ 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. 
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. Steven J. Solimano, President
(Typed or printed name and capacity of person signing application)

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: VIELE, SOLIMANO, SWAGLER & CHAPMAN, CPA PC
DOS ID Number: 1214320
Entity Type: DOMESTIC PROFESSIONAL SERVICE CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 11/05/1987
Statement Status: CURRENT
Statement Due Date: 11/30/2025

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 May 01, 2024 at 03:20 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

A handwritten signature in black ink that reads "Brendan C. Hughes".

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100005654779 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://corp.dos.ny.gov>