

(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:
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25 JAN 28 PM 3: 24

SECRETARY OF STATE HVISION OF CORFORALIONS

Response /16/25



January 6, 2025

FRANK BELGIOVINE 240 W. PASSAIC ST STE 11 MAYWOOD, NJ 07607 US

SUBJECT: BELMONT CONSTRUCTION CORPORATION

Ref. Number: W25000001432

We have received your document for BELMONT CONSTRUCTION CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

The document number of the name conflict is L12000054276.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call.

Emani D Manning Regulatory Specialist II

Letter Number: 625A00000312

RECEIVED

JAN 28 2025

COVER LETTER

	tration Section ion of Corporations			
SUBJECT:	Belmont Construction Corpo	ration		
	Name	of corporation -	must include suffix	7
Dear Sir or M	adam:			
"Certificate of	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to to	of Good Standi	ng" and check are subn	t Business in Florida," nitted to register the
Please return	all correspondence concerni	ng this matter to	the following:	
Frank Belgiovi	ne			
		Name of Pe	rson	
Belmont Const	ruction Corporation			
	<u> </u>	Firm/Compa	iny	
240 W. Passaio	Street, Suite 11			
		Address	· -	
Maywood, NJ	07607			
		City/State and	Zip code	
fb@belmontco	nstruction.com			
	E-mail address	: (to be used for	future annual report no	otification)
For further inf	ormation concerning this m	atter, please cal	1:	
Frank Belgiovi	ne	at (706-8014	
Name	e of Person	Area Code	Daytime Teleph	one 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		
	check for the following amoved payable to: FLORIDA DI ng Fee	EPARTMENT Og Fee & 🗀 S	F STATE 678.75 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.

(Enter name of c	ONSTRUCTION CORPORATION orporation: must include "INCORPORATED, orp." "Inc." "Co," or "Corp.")	" "COMPANY," "CORPORATION."		
	ONSTRUCTION GROUP CORP.			
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busing	ness in Florida)	
2. NEW JERSEY		22-3096792 3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
2/9/1990	5.			
(Date of incorporation)		(Date of duration, if other than pe	rpetual)	
2/1/2025				
240 W. Passaic S	(SEE SECTIONS 607.1501 & 607.1; treet, Suite 11, Maywood, NJ 07607	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
	· · · · · ·	ce <u>street</u> address)		
6501 Park Comn	nerce Blvd., Suite 221, Boca Raton, FL 33487		25	
	(Current mailir	ig address, if different)	JAN 2	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)				
Name:	Frank Belgiovine		모	
Office Address:	6501 Park Commerce Blvd., Suite 221		3: 24	
	Boca Raton	, Florida 33487		
	(Citv)	(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.

A. DIRECTORS								
□Chairman	Name: Frank Belgiovine	□Chairman	Name:					
□Vice Chairman	Address: 233 S. Federal Hwy, Suite 605	□Vice Chairman	Address:					
□Director	Boca Raton, FL 33432	□Director						
President	Frank Belgiovine	☐ President						
■Vice President	Frank Belgiovine	□Vice President		, ,				
Secretary	■ Treasurer	☐ Secretary	!	Treasurer				
□Other	Other	□Other						
□ Chairmon	Name	□Chairman	Name:					
	Name:i Address:	□Vice Chairman						
Director		Director						
President		☐ President						
		□Vice President						
☐ Secretary	□Treasurer	☐Scoretary:		□Treasurer				
□Other		□Other		□Other				
□ Chairman	Name:	□ Chairman						
_	Address:	□Vice Chairman	_					
□Director		□Director						
□President		□ President		<u>u</u>				
□Vice President		□ Vice President		ПТ				
☐ Secretary	Treasurer	☐ Secretary ☐ Other		□Treasurer □Other				
□()ther	Other	O'O'Cher		Some				
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 filling your Elorida Department of State Annual Report form.								
12. Signature of Director or Opticer								
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. Frank Belgiovine, President								

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

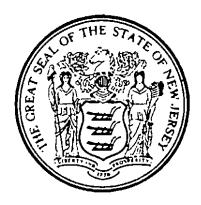
BELMONT CONSTRUCTION CORPORATION 0100441411

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on February 07, 1990.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

FRANK BELGIOVINE 240 W. PASSAIC STREET SUITE 11 MAYWOOD, NJ 07607



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of January, 2025

dur of Men

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6160765301

Verify this certificate online at

https://www1-state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp