

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.
 Account Number : I20050000099
 Phone : (813)932-5244
 Fax Number : (813)932-3782

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@activatemylicense.com

**FOREIGN PROFIT/NONPROFIT CORPORATION
 LM ELECTRIC, INC.**

Certificate of Status	0
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FEB 21 2025

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LM ELECTRIC, 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:

JANINE MITCHELL

Name of Person

CONTRACTORS' REPORTING SERVICE, INC

Firm/Company

23110 SR 54, PMB 336

Address

LUTZ, FL 33549

City/State and Zip code

info@activatemylicense.com

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

For further information concerning this matter, please call:

JANINE MITCHELL

Name of Person

at (**813**) **932-5244**

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

**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. LM ELECTRIC, INC.

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

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK **3. 13-4041591**
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/15/1999 **5. _____**
(Date of incorporation) (Date of duration, if other than perpetual)

6. UPON REGISTRATION AND LICENSE ISSUANCE

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

7. 258 MILLARD AVENUE, SLEEPY HOLLOW, NY 10591
(Principal office street address)

258 MILLARD AVENUE, SLEEPY HOLLOW, NY 10591
(Current mailing address, if different)

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

Name: **MARIO C. SCAPPATICCI**

Office Address: **823 NW 82ND LANE**

BOCA RATON, Florida **33487**
(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.

Signed by:

MARIO C SCAPPATICCI

8F64BDF38C8F48F
(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: MARIO C SCAPPATICCI

☐ Vice Chairman Address: _____

☐ Director 258 MILLARD AVENUE

☒ President SLEEPY HOLLOW, NY 10591

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ 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 must attach a copy of the attachment when filing your Florida Department of State Annual Report form.

12. MARIO C SCAPPATICCI
8F64B3CF38C8F48F _____
 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. MARIO C SCAPPATICCI
 (Typed or printed name and capacity of person signing application)

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: LM ELECTRIC, INC.
DOS ID Number: 2335596
Entity Type: DOMESTIC BUSINESS CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 01/15/1999

Statement Status: CURRENT
Statement Due Date: 01/31/2027

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 January 22, 2025 at 09:56 A.M.

WALTER T. MOSLEY
Secretary of State

Brendan C. Hughes

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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