



TOWN OF SOUTHAMPTON  
DEPARTMENT OF LAND MANAGEMENT  
LICENSING DIVISION  
Phone: (631) 287-5706  
Fax: (631) 287-0262

# Application Receipt

(Town File Copy)

APPLICATION #: 1500258 LICENSE #: PERMIT TYPE: Home Improvement Contractors License DATE RECEIVED: 9/4/2015

Licensee Information
Type of Work:
Business Name: Romeo Construction LLC
Sergio Romeo Palencia
P O Box 2153
Aquebogue NY 11931

Billing Summary	
Total Due	\$200.00
Total Paid	\$ 200.00
Via Check	

\*RETAIN THIS RECEIPT FOR TOWN FILE\*

514903

Home Improvement ContractorNEW LICENSE Application  
TWO-YEAR LICENSEFEE \$200.00  
Payable to: Town of Southampton

## FOR DEPARTMENT USE ONLY

Receipt No. 1500258

Application Date \_\_\_\_\_

License No. L004433

Issue Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

1. Business Name: ROMEO CONSTRUCTION LLC  
149 Meeting House Creek Rd Aquabogue 11931  
 Address: PO Box 2153 City: AQUEBOGUE  
 State: NY Zip Code: 11931 Telephone No.: (631) 466-2522  
 Email address: palencia.sergio@live.com Fax Number: \_\_\_\_\_

\*NOTE: You will not receive renewal notifications if you do not provide the Town with an E-mail address.

Contractor Name (Individual applying for license) Sergio Romeo Palencia

Address: P.O. Box 2153 City: AQUEBOGUE  
149 Meeting House Creek Rd Aquabogue 11931  
 State: NY Zip Code: 11931 Telephone No.: (631) 466-2522

2. What type of business are you seeking a license for? Home improvement

(Note: Provide proof of New York State D.E.C. Certification if your business uses chemicals such as landscape, fumigation)

3. Is your Home Improvement Business a:

- ☐ Sole Proprietorship  
☐ Partnership  
☒ Corporation

4. If your business is a Partnership, please list all partners:

\_\_\_\_\_  
 \_\_\_\_\_

5. If your business is a Corporation, please list all officers:

President Sergio Romeo Palencia Vice President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

\*Insurance cannot expire the same month application would go in front of the Licensing Review Board.

6. Have you ever been licensed in the Town of Southampton under this or any other business name/number?

- ☒ No  
☐ Yes

If yes, please list said business information.

Company Name \_\_\_\_\_ License No. \_\_\_\_\_

7. Have you been self-employed during the last five (5) years? ☐ Yes ☒ No

If NO, please list the two most recent employers:

1. Name: CSE CONSTRUCTION Address: 33 FLYING POINT RD. #118  
 City: SOUTHAMPTON State: NY Telephone No.: (631) 816-0582
2. Name: Vince Cirifello Address: 80 Little Neck Road  
 City: Southampton State: NY Telephone No.: (516) 241-1412

8. Within the last three (3) years, have you had an occupational license denied, suspended or revoked or had any filed complaints against individuals/officers of said business under present or former name?

- ☒ No  
☐ Yes

If yes, please state the name of the business and in specific terms provide an explanation of the date, nature and disposition of said complaint on the reverse side of application marked additional information sheet.

9. Have you ever been convicted of a crime or violation of law other than a traffic violation?

- ☒ No  
☐ Yes

If yes, please complete the reverse side of application marked additional information sheet.

10. Please list Business Bank Account information below:

Title of Account and Name of Bank: BANK OF AMERICA  
 Address: 6656 CHURCH ST. City: RIVERDALE State: NY

11. Please list two (2) Trade references (where you purchase your trade materials) below:

Title of Account and Name of Company: RIVERHEAD BUILDING SUPPLY  
 Address: 40 POWELL AVE City: SOUTHAMPTON State: NY

Title of Account and Name of Company: NUGENT AND POTTER INC.  
 Address: 1557 COUNTY RD. 39 City: SOUTHAMPTON State: NY

**Additional Information Sheet**

**THIS PORTION OF THE APPLICATION IS TO BE COMPLETED IF YOU HAVE HAD ONE OF THE FOLLOWING OCCURRENCES:**

- ☐ License denied.
- ☐ License revoked.
- ☐ License suspended.
- ☐ A complaint against yourself or your business.
- ☐ Committed any crime or violation of law.
- ☐ Have judgements against yourself or your business.

1. Please list the business name and classification of license that was denied, suspended or revoked and the date and reason for same.

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2. Was the license reinstated?

- ☐ No
- ☐ Yes – IF YES, ATTACH A COPY OF THE REINSTATEMENT CORRESPONDENCE.

3. Please list any complaints that have been filed against you or your company under any present or former business name(s) in the last three (3) years. Clarify the nature and disposition of said complaint in a brief but detailed explanation.

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4. Please list and clarify the nature of any crimes or violations of the law relating to your business for which you have been charged **and** attach any disposition correspondence of same.

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5. Disputed judgments and/or complaints in negotiation are explained as follows:

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Signature

Date

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public

\*Insurance cannot expire the same month application would go in front of the Licensing Review Board.

Keep this document to show to the police and courts.

MV-550TR (1/15)

NEW YORK STATE REGISTRATION DOCUMENT



G COM

90641MG

1999 DODGE NONTRANSFERABLE

VAN WH 2B7HB11X1XK500305

005516 G 6 GM570148 AUG 05 2015

Wt/Seats Fuel/Cyl AEA RVH627

ROME CONSTRUCTION Expires 08/31/17

LLC \*NYMA\*

PO BOX 2153 43.25

AQUEBOGUE NY 11931

ANNUAL CHG  
AMT PAID (INCL ADD CHG)

GM570148 VOID IF ALTERED EXCEPT FOR ADDRESS

286.50



FILING RECEIPT

ENTITY NAME: ROMEO CONSTRUCTION LLC

DOCUMENT TYPE: ARTICLES OF ORGANIZATION (DOM LLC)

COUNTY: SUFF

FILED:04/04/2013 DURATION:\*\*\*\*\* CASH#:130404000039 FILM #:130404000033  
DOS ID:4383376

FILER:

EXIST DATE

ROCKET LAWYER  
5668 E 61ST STREET

04/04/2013

COMMERCE, CA 90040

ADDRESS FOR PROCESS:

THE LLC  
9 ZION STREET  
RIVERHEAD, NY 11901

REGISTERED AGENT:



The limited liability company is required to file a Biennial Statement with the Department of State every two years pursuant to Limited Liability Company Law Section 301. Notification that the biennial statement is due will only be made via email. Please go to [www.email.ebiennial.dos.ny.gov](http://www.email.ebiennial.dos.ny.gov) to provide an email address to receive an email notification when the Biennial Statement is due.

SERVICE COMPANY: \*\* NO SERVICE COMPANY \*\*

SERVICE CODE: 00 \*

FEES	205.00
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FILING	200.00
TAX	0.00
CERT	0.00
COPIES	5.00
HANDLING	0.00

PAYMENTS	205.00
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CASH	0.00
CHECK	0.00
CHARGE	205.00
DRAWDOWN	0.00
OPAL	0.00
REFUND	0.00

130404000 033

(This form must be printed or typed in black ink)

## ARTICLES OF ORGANIZATION OF

Romeo Construction LLC

(Insert name of Limited Liability Company )

Under Section 203 of the Limited Liability Company Law

**FIRST:** The name of the limited liability company is:  
Romeo Construction LLC

**SECOND:** The county within this state in which the office of the limited liability company is to  
be located is: SUFFOLK

**THIRD:**

The Secretary of State is designated as agent of the limited liability company upon  
whom process against it may be served. The address within or without this state to which the Secretary of  
State shall mail a copy of any process against the limited liability company served upon him or her is:

9 Zion Street

Riverhead, NY 11901

  
(signature of organizer)

yoochul chong  
(print or type name of organizer)

130404000033

ARTICLES OF ORGANIZATION  
OF  
Romeo Construction LLC

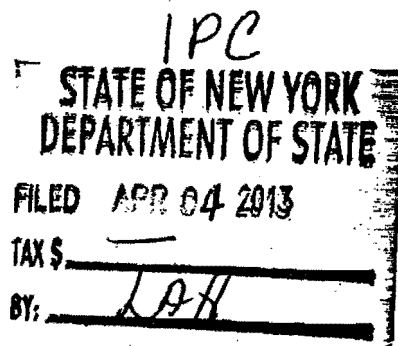
*(Insert name of Limited Liability Company)*

Under Section 203 of the Limited Liability Company Law

Filed by:

Rocket Lawyer  
5668 E 61st Street  
Commerce, CA 90040

NOTE: This form was prepared by the New York State Department of State for filing articles of organization for a domestic limited liability company. It does not contain all optional provisions under the law. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that legal documents be prepared under the guidance of an attorney. The certificate must be submitted with a \$200 filing fee made payable to the Department of State.





**STATEMENT OF DESIGNATION OF  
THE ORIGINAL MEMBERS  
OF  
ROMEO CONSTRUCTION LLC  
A(N) NEW YORK LIMITED LIABILITY COMPANY**

The undersigned, being the organizer of Romeo Construction LLC, a(n) New York limited liability company (the "Company"), and acting pursuant to the provisions of the applicable New York law authorizing the organizer to elect the member(s) if the initial member(s) have not been named in the Articles of Organization (the "Articles"), hereby takes the following action and adopts the following resolutions:

**APPOINTMENT OF INITIAL MEMBER(S)**

RESOLVED, that the following individuals be, and they hereby are, appointed as the members of the Company, effective as of the date hereof:

Sergio Palencia

**RESIGNATION OF ORGANIZER**

RESOLVED, that the undersigned, having appointed the initial member(s) of the Company, hereby resigns as the Organizer of the Company, effective as of the date hereof.

IN WITNESS WHEREOF, the undersigned has executed this Action by Organizer of the Company effective as of the 16<sup>th</sup> day of April 2013.

  
\_\_\_\_\_  
Yoochul Chong, Organizer

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/31/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<p>PRODUCER</p> <p>D'Angelo Insurance Brokerage</p> <p>1154C Montauk Hwy</p> <p>Mastic, N.Y. 11950</p>	<table border="1"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE</td> <td>(631) 281-4100</td> </tr> <tr> <td>(A/C. No. Ext):</td> <td>FAX (A/C. No): (631) 281-0444</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A:</td> <td>UTICA FIRST</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME:		PHONE	(631) 281-4100	(A/C. No. Ext):	FAX (A/C. No): (631) 281-0444	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A:	UTICA FIRST	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:																							
INSURER F:																							
<p>INSURED</p> <p>Romeo Construction LLC</p> <p>PO BOX 2153</p> <p>AQUEBOGUE, NY 11931</p>																							

## COVERAGES

**CERTIFICATE NUMBER:**

## REVISION NUMBER:

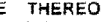
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	ART142171502	05/29/2015	05/29/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

## CANCELLATION

<p>Town of Southampton 116 Hampton Road Southampton, NY 11968</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE: </p>

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**New York State Insurance Fund***Workers' Compensation & Disability Benefits Specialists Since 1914*

8 CORPORATE CENTER DR. 3RD FLR. MELVILLE, NEW YORK 11747-3129

Phone: (516) 758-4300

**CERTIFICATE OF WORKERS' COMPENSATION INSURANCE**

\*\*\*\*\*

ROMEO CONSTRUCTION LLC  
PO BOX 2153  
AQUEBOGUE NY 11931

**POLICYHOLDER**

ROMEO CONSTRUCTION LLC  
PO BOX 2153  
AQUEBOGUE NY 11931

**CERTIFICATE HOLDER**

TOWN OF SOUTHAMPTON  
118 HAMPTON ROAD  
SOUTHAMPTON NY 11968

**POLICY NUMBER**  
12276 264-5

**CERTIFICATE NUMBER**  
881929

**PERIOD COVERED BY THIS CERTIFICATE**  
05/17/2015 TO 05/17/2016

**DATE**  
8/12/2015

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2276 264-5 UNTIL 05/17/2016, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF SAID POLICY IS CANCELLED, OR CHANGED PRIOR TO 05/17/2016 IN SUCH MANNER AS TO AFFECT THIS CERTIFICATE, 10 DAYS WRITTEN NOTICE OF SUCH CANCELLATION WILL BE GIVEN TO THE CERTIFICATE HOLDER ABOVE. NOTICE BY REGULAR MAIL SO ADDRESSED SHALL BE SUFFICIENT COMPLIANCE WITH THIS PROVISION. THE NEW YORK STATE INSURANCE FUND DOES NOT ASSUME ANY LIABILITY IN THE EVENT OF FAILURE TO GIVE SUCH NOTICE.

THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

This certificate can be validated on our web site at <https://www.nysif.com/cert/certval.asp> or by calling (888) 875-5780  
VALIDATION NUMBER: 739548448