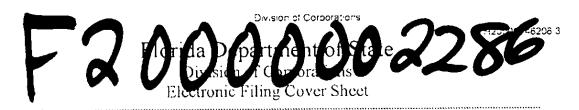
5/19/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000148208 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

Email Address:\_\_\_\_

# FOREIGN PROFIT/NONPROFIT CORPORATION JOHNSON POOLS & RESTORATIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Help

3/006

H20000148208 3 COVER LETTER TO: Registration Section Division of Corporations 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: Gordon K. Johnson Name of Person Johnson Pools & Restoration, Inc. Firm/Company P.O. Box 181 Address Newtown Square, PA 19073 City/State and Zip code gjohnsonpools@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (\_\_267\_\_\_\_) \_\_278-9982 Gordon K. Johnson Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Taliahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE □ \$87.50 Filing Fee,
 □ \$70.00 Filing Fee □ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & Certificate of Status & Certified Copy Certificate of Status Certified Copy

H20000146206 3

### 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. JOHNSON POOLS & RESTORATIONS, INC.

Corporation Service Company

		adopted for the purpose of transacting bus	,	
PA 3.		23-2521783		
(State or country	under the law of which it is incorporated)	(FEI number, if applica	ble)	
03/12/1987 5.		(Date of duration, if other than perpetual)		
(Date	of incorporation)	(Date of duration, if other than	perpetual)	
23 Mutiny Plac	, .	ice <u>street</u> address) ng address, if different)	2011	
Name and street address of Florida registered agen  Corporation Service Company  Name:			40:1119 613	
Office Address:	1201 Hays Street		<del>-</del>	
	Tallahassee	, Florida		
	(City)	(Zip code)		

By: Amanda Robinson, Asst Vice President

(Registered agent's signature)

<sup>10.</sup> 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.

<sup>11.</sup> For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

s.817.155, F.S.

13. Gordon K. Johnson, President

				H20000146208 3
L. DIRECTORS				
l Chairman	Name: Gordon K. Johnson	□ Chairman	Name:	
Vice Chairman	Address: 23 Mutiny Place	□Vice Chairman	Address:	
Director	Key Largo, FL 33037	□Director		
President		□President		
Vice President		□Vice President		
Secretary	Treasurer	Secretary		☐Treasurer
Other	Other	Other		☐ Other
l Chairman	Name:	□ Chairman	Naine:	
Vice Chairman	Address:	□Vice Chairman	Address:	
lDirector		□Director		
]President		□President		
  Vice President		□Vice President		
]Secretary	□Treasurer	□ Secretary		Treasurer
Other	Other	Other		Other
				70.70
lChairman	Name:	Chairman	Name:	=":
Vice Chairman	Address:	□Vice Chairman	Address:	
Director		□Director		<u> </u>
)President		□President		<del></del>
Vice President		□Vice President		F
]Secretary	∏Treasmer	☐ Secretary		Treasurer
10ther	Other	Other		Other
idividuals may be	Use an attachment to report more than six (6). The attended to the index when filing your Florida Departs	nent of State Annnal R	teport form.	
2. <u>G</u> c	La L Schult	or Officer		

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## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 05/18/2020

### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

#### I DO HEREBY CERTIFY THAT,

#### JOHNSON POOLS & RESTORATIONS, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTEMONY WHEREOF, I have hearmto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Secretary of the Commonwealth

Certification Number: TSC200518161928-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify