# F23000003468

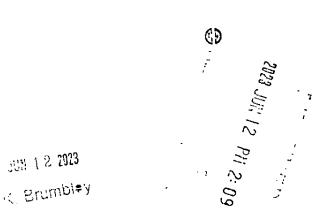
| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
| •                                       |
| (Document Number)                       |
| (Goodhan, Allinos),                     |
|   |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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# FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 6/12/2023

NAME: MONTRENCOS PRODUCT OF WOOD INC.

TYPE OF FILING: APPLICATION

COST:

87.50

RETURN: CERTIFIED COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

PUHA

## **COVER LETTER**

| TO: Registration Section Division of Corporations   | 1                       |                                       |  |  |
|---|-------------------------|---------------------------------------|--|--|
| SUBJECT: Mostreneos Product of  | Wood Inc                |                                       |  |  |
| 30D0EC1   | Name of corporation     | - must include suffix                 |  |  |
| Dear Sir or Madam:  |                         |                                       |  |  |
| The enclosed "Application by Fo<br>"Certificate of Existence," or "Co<br>above referenced foreign corpora | ertificate of Good Star | iding" and check are subr             | t Business in Florida,"<br>mitted to register the                            |  |
| Please return all correspondence  | concerning this matter  | to the following:                     |  |  |
| Alfredo Hernandez   |                         |                                       |  |  |
|   | Name of                 | Person                                |  |  |
| Mostrencos Product of Wood Inc  |                         |                                       |  |  |
|   | Firm/Con                | пралу                                 |  |  |
| 1444 Meriwether St  |                         |                                       |  |  |
|   | Addr                    | ess                                   |  |  |
| Griffin, GA 30224   |                         |                                       |  |  |
| GHILL ON SOZZA  | City/State a            | nd Zip code                           |  |  |
| . f. @  |                         |                                       |  |  |
| info@pmostrencos.com E-ma   | il address: (to be used | for future annual report no           | otification)   |  |
| For further information concerni  | ng this matter, please  | call:                                 |  |  |
| Alfredo Hernandez   | at (404                 | 375-5137                              |  |  |
| Name of Person  | Area Cod                | e Daytime Teleph                      | one Number   |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee           |                         | Registration Se<br>Division of Co     | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 |  |
| 2415 N. Monroe Street,<br>Tallahassee, FL 32303   | =' <del>=</del> '       | Tallahassec, FI                       |  |  |
| Enclosed is a check for the follow<br>Please make check payable to: FLO                                   |                         | r OF STATE                            |  |  |
| ☐ \$70.00 Filing Fee ☐ \$78   |                         | 3 \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy             |  |

#### **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.

| (If name unavail  | able in Florida, enter alternate corporate name ad-  | opted for the purpose of transacting business in   | Florida)        |        |
|---|--|--|-----------------|--------|
| 2. Georgia  | 3. 83  | -2742877   |                 |        |
|   | ry under the law of which it is incorporated)  | (FEI number, if applicable)  |                 |        |
| 4. 11/23/2018   | 5  | (Date of duration, if other than perpetual   |                 |        |
| (Date   | e of incorporation)  | (Date of duration, if other than perpetual)  | )               |        |
| 6. <u>6/12/2023</u>                                       | (Date first transacted business in F<br>(SEE SECTIONS 607.1501 & 607.1502  |  |                 |        |
| 7.1444 Meriwether. S                                      |  | educad address?  |                 |        |
|   | (Principal office  | street address)  | 202             |        |
|   | (Current mailing   | address, if different)   | 2023   15:1-1-2 | 71     |
| 8. Name and stre  | et address of Florida registered agent: (P.O. I  | Box NOT acceptable)  |                 |        |
| Name:   | PARACORP INCORPORATED  | _  | PH 5:           | •      |
| Office Address:   | 155 Office Plaza Drive, 1st Floor  | _  | 19              |        |
|   | Tallahassee  | , Florida  |                 |        |
|   | (City)   | (Zip code)   |                 |        |
| Having been nan<br>designated in this<br>further agree to | ent's acceptance: ned as registered agent and to accept service is application, I hereby accept the appointment comply with the provisions of all statutes relay is with and accept the obligations of my positions. | nt as registered agent and agree to act in th<br>tive to the proper and complete performan | is capac        | ity. I |
|   | SEE ATTACHMEN  | T PAGE   |                 |        |
| _   | (Registered agent's sign   | nture)   |                 |        |

<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.

| ■ Chairman  | Name: Alfredo Hernandez      | □ Chairman      | Name: Andres Hemandez        |  |  |  |  |
|---|------------------------------|-----------------|------------------------------|--|--|--|--|
| □Vice Chairman  | Address: 1444 Meriwether St, | ■Vice Chairman  | Address: 1444 Meriwheter St, |  |  |  |  |
| □Director   | Griffin GA 30224             | Director        | Griffin GA 30224             |  |  |  |  |
| □President  |                              | □President      |                              |  |  |  |  |
| ☐Vice President   |                              | □Vice President |                              |  |  |  |  |
| Secretary   | □Treasurer                   | Secretary       | ☐Treasurer                   |  |  |  |  |
| Other   | Other                        | Other           | Other                        |  |  |  |  |
| □ Chairman  | Name:                        | □ Chairman      | Name:                        |  |  |  |  |
| □Vice Chairman  | Address:                     | □Vice Chairman  | Address:                     |  |  |  |  |
| □Director   |                              | □Director       |                              |  |  |  |  |
| □President  |                              | □President      |                              |  |  |  |  |
| □Vice President   |                              | □Vice President |                              |  |  |  |  |
| Secretary   | ☐Treasurer                   | ☐ Secretary     | Treasurer                    |  |  |  |  |
| □Other  |                              | □Other          | Other                        |  |  |  |  |
| □ Chairman  | Name:                        | □Chairman       | Name:                        |  |  |  |  |
| □Vice Chairman  | Address:                     | □Vice Chairman  | Address:                     |  |  |  |  |
| □Director   |                              | □Director       |                              |  |  |  |  |
| □President  | <u> </u>                     | □President      |                              |  |  |  |  |
| □Vice President   |                              | □Vice President | ·                            |  |  |  |  |
| Secretary   | ☐Treasurer                   | Secretary       | ☐Treasurer                   |  |  |  |  |
| □Other  | Other                        | □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. Affair Aff M. 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, Alfredo Hernandez, Chairman

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

**DATE:** 6/12/2023

**ENTITY NAME:** Mostrencos Product of Wood Inc.

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

Control Number: 18139993

## STATE OF GEORGIA

### **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### Mostrencos Product of Wood Inc a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 25543212 Date Inc/Auth/Filed : 11/23/2018 Jurisdiction : Georgia Print Date : 06/09/2023

Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State