

F01000003746

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

MJH

SUBJECT: HOLIDAY ESTATES, INC
(Name of corporation - must include suffix)

7/13

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

GARRY HURLESS
(Name of Person)
HOLIDAY ESTATES, INC
(Firm/Company)
P.O. BOX 237
(Address)
NEW PHILADELPHIA OH 44663
(City/State and Zip code)

For further information concerning this matter, please call:

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-07/13/01--01095--001
*****87.50 *****87.50

GARRY HURLESS at (330) 343-5642
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
01 JUL 13 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. HOLIDAY ESTATES INC.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. OHIO 3. 34-0787395
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11-1-68 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. P.O. Box 237
(Principal office address)
New Philadelphia OH 44663
(Current mailing address)
8. REAL ESTATE SALES & Property Management
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Leonard L. Martin
Office Address: 9211 Lantern Way
Estero FL, Florida 33928
(City) (Zip code)

10. 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)

11. 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.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: LEONARD MARTIN

Address: 9211 CANTHORN WAY
ESTERO FL 33928

Vice President: GARY HURLESS

Address: 316 Commercial Ave SE
New Philadelphia OH 44663

Secretary: JOHN MARTIN

Address: 3891 TALL Timber Rd NE, Mineral City OH 44656

Treasurer: GARY D. HURLESS

Address: 316 Commercial Ave SE, New PHILA OH 44663

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. G. O. H. Vice Pres.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. GARY D. HURLESS, Vice Pres.
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE.

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*I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show **HOLIDAY ESTATES, INC** an Ohio Corporation, Charter No. 377159 having its principal location in Lafayette Township, County of Coshocton, was incorporated on November 1, 1968 and is currently in **GOOD STANDING** upon the records of this office.*

WITNESS my hand and official seal

at Columbus, Ohio on July 9, 2001

J. Kenneth Blackwell

J. Kenneth Blackwell
Secretary of State

