# F14000001770

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u>.</u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		1

Office Use Only



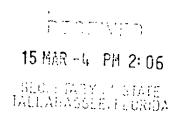
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WIS-11/99

Division of Corporations



February 16, 2015

SHARON MILLER 9413 CLOVER GLEN DR RIVERVIEW, FL 33569

SUBJECT: PERFORMANCE HOUSING, INC.

Ref. Number: W15000011199

We have received your document for PERFORMANCE HOUSING, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 115A00003211

## **COVER LETTER**

TO: New Filing Section	
Division of Corporations	
<b>SUBJECT:</b> Performance Housing	g, Inc.
Sebelet.	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact but	
Please return all correspondence concerning this m Sharon Miller	atter to the following:
Name	e of Person
Performance Housing, Inc.	
Firm/o	Company
9413 Clover Glen Drive	
A	ddress
Riverview, FL 33569	
City/Sta	ite and Zip code
Sharon.Miller@performanceHou	
E-mail address: (to be us	sed for future annual report notification)
For further information concerning this matter, plea	ase call:
Sharon Miller at (813	3 、298-0499
	rea Code & Daytime Telephone Number
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing 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 & □ \$87.50 Filing Fee, Certified Copy □ Certificate of Status & Certified Copy



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 5, 2015

SHARON MILLER 9413 CLOVER GLEN DR RIVERVIEW, FL 33569

SUBJECT: PERFORMANCE HOUSING, INC.

Ref. Number: W15000011199

We have received your document for PERFORMANCE HOUSING, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

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. Letter Number: 115A00003211

## 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.

	orp," "Inc," "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate name	ne adopted for the purpose of transacting business in F	lorida)
Nevada	3	3.	
(State or country under the law of which it is incorporated)  (FEI number, if applicable)			
12/19/20	14	<sub>s.</sub> Perpetual	
(Date of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	
9413 Clov	(SEE SECTIONS 607.1501 & 607.  /er Glen Drive, Riverview,  (Principal office ad		
	(Current mailing ad	ddress)	15 HAR
		P.O. Box NOT acceptable)	R 25
Name and stree	et address of Florida registered agent: (P Sharon Miller	الله الله الله الله الله الله الله الله	- <del> </del>
Name:			PM 1: 34
	Sharon Miller 9413 Clover Glen Drive		PM 1: 39

#### 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.

(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. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Sharon Miller Address: 9413 Clover Glen Drive Riverview, FL 33569 Vice Chairman: Address: Director: \_ Address: Director: Address: \_ **B. OFFICERS** President: Sharon Miller Address: 9413 Clover Glen Drive Riverview, FL 33569 Vice President: Secretary: Sharon Miller Address: 9413 Clover Glen Drive, Riverview, FL 33569 Treasurer: Sharon Miller Address: 9413 Clover Glen Drive, Riverview, FL 33569 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 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. (Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **PERFORMANCE HOUSING INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 19, 2014, and is in good standing in this state.

GEAL OF THE STATE OF THE STATE

Electronic Certificate
Certificate Number: C20150128-1669
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on January 28, 2015.

BARBARA K. CEGAVSKE Secretary of State 15 HAR 25 PM 1: 38