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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 15 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: G.B.H.D., INC.

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:
AUDREY BULLARD

Name of Person

AUDREY BULLARD, CPA

Firm/Company

PO BOX 3176

Address

LAKE CITY, FL 32056

City/State and Zip code

AUDREYSBULLARD@NETSCAPE.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AUDREY BULLARD

386 755-4050
at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

**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.*

G.B.H.D., INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. OHIO 3. 26-3160347
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/04/2008 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2753 EAST US HWY 90, LAKE CITY, FL 32055
(Principal office address)

PO BOX 3176, LAKE CITY, FL 32056
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

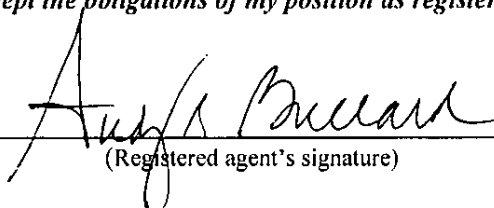
Name: AUDREY BULLARD

Office Address: 1826 SW SR 47

LAKE CITY, Florida 32025
(City) (Zip code)

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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: ANNESA DENUNE
232 NORTH FOREST DUNE DR
Address: SAINT AUGUSTINE, FL 32080

Vice Chairman: AUDREY S. BULLARD
1826 SW SR 47
Address: LAKE CITY, FL 32025

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: ANNESA DENUNE
232 NORTH FOREST DUNE DR
Address: SAINT AUGUSTINE, FL 32080

Vice President: AUDREY S. BULLARD
PO BOX 1733
Address: LAKE CITY, FL 32056

Secretary: AUDREY S. BULLARD
PO BOX 1733, LAKE CITY, FL 32056
Address: _____

Treasurer: AUDREY S. BULLARD
PO BOX 1733, LAKE CITY, FL 32056
Address: _____

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

12. _____
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. AUDREY S. BULLARD, DIRECTOR, VICE PRESIDENT

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Jon Husted, 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 business entities; that said records show G.B.H.D., INC., an Ohio corporation, Charter No. 1798139, having its principal location in Springfield, County of Clark, was incorporated on August 4, 2008 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 8th day of December, A.D. 2015.*

Jon Husted

Ohio Secretary of State

Validation Number: 201534201486