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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

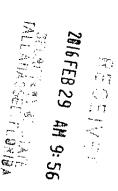
Office Use Only



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COVER LETTER

TO:	Registration Sec Division of Cor				· · · · · · · · · · · · · · · · · · ·
CHDI	Chesapea	ke Finishing, Inc.			
SUDJ	ECT:	Name of co	rporation -	must include suffix	
Dear S	ir or Madam:				
"Certif	ficate of Existenc		lood Stanc	ing" and check are sub	ct Business in Florida," omitted to register the
	return all corresp il Brown	oondence concerning th	nis matter i	o the following:	
			Name of P	erson	
Chesap	ocake Finishing, Inc	2.			
212 S I	Frederick Ave	ŀ	irm/Comp	any	
			Addres	S	
Gaithei	rsburg, Maryland 2	0877			
		Cit	y/State an	d Zip code	
operati	ons@cfinish.com	Caralladdinas (10	ha ward Ca	r future annual report i	antification)
		•		•	iomication)
For fur	ther information	concerning this matter	, please ca	II:	
Chanta	l Brown		301	Code Daytime Telephone Number	
**************************************	Name of Person	n (\rea Code	Daytime Telep	hone Number
Paralle	Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle 32301		MAH.ING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7
	ed is a check for a	the following amount: \$78.75 Filing Fed Certificate of Sta		\$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.

Chesapeake Fin	ishing. Inc.			
(Enter name of c "Inc.," "Co.," "C	orporation: must include "INCORPORATED." " orp." "Inc," "Co." or "Corp.")	COMPANY." "CORPORAT	ION."	
Chesapeake Gro	oup			
(If name unavails	able in Florida, enter alternate corporate name add	opted for the purpose of transa	cting business in Fl	orida)
Maryland	5:	2-1855878		
	y under the law_of which it is incorporated) 5.	(FEI number. if applicable)		
	(Date of incorporation) 5. (Date of duration, if continuous contin		other than perpetual)	
i .				
	Ave, Gaithersburg, Maryland 20877 (Principal	office address)		
	(Current mailing	address, if different)		
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. InCorp Services, Inc.	Box <u>NOT</u> acceptable)	2016 FEB 2 SECRETAR	***************************************
Office Address:	17888 67th Court North	_	27 PF 70 TO	m
	Loxahatchee	33470 , Florida	57.40	
	(City)	(Zip code)	ORIDE STATE	

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.

Toylus Styllos O.B.O In Corp Services, Inc.
(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:

Address: Director:	A. DIRI Chairman	Scott Bell	
Gaithersburg, MD 20877 Vice Chairman: Address: Director: Address: Sout Bell Troop To		212 S Frederick Ave	
Address: Director: Address: Director: Address: B. OFFICERS President: 212 S Frederick Ave Gaithershurg, MD 20877 Vice President: Address: Treasurer: Address: Treasurer: Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 22. 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 herei are true and that he or sive is aware that fatte information submitted in a document to the Department of State constitut a third degree felony as provided for a say 1, 15 F.S.		Gaithersburg, MD 20877	
Director: Address: Director: Address: B. OFFICERS Scott Bell President: Address: 212 S Frederick Ave Gaithersburg, MD 20877 Vice President: Address: Treasurer: Address: 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 does ment (and who is listed in number 11 above) affirms that the facts stated herei are true and that he or she is aware that false information submitted in a document to the Department of State constitute a third degree felony as provided to false information submitted in a document to the Department of State constitute a third degree felony as provided to false information submitted in a document to the Department of State constitute a third degree felony as provided to false information submitted in a document to the Department of State constitute a third degree felony as provided to false information submitted in a document to the Department of State constitute a third degree felony as provided to false information submitted in a document to the Department of State constitute a third degree felony as provided to false information submitted in a document to the Department of State constitute a third degree felony as provided to false information submitted in a document to the Department of State constitute a third degree felony as provided to false information submitted in a document to the Department of State constitute a third degree felony as provided to false information submitted in a document to the Department of State constitute a third degree felony as provided to false information submitted in a document to the Department of State constitute a third degree felony as provided to false information submitted in a document to the Department of State constitute a third degree felony as provided to false information submitted in a document to the Department of State constitute a third degree felony as provided to false information submitted in a	Vice Chai	rman:	
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Director: Address: B. OFFICERS Scott Bell President: Address: Calibershurg, MD 20877 Vice President: Address: Treasurer: 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 herei are true and that he or she is aware that false information submitted in a document to the Department of State constitute a third degree felony as provided for in star 7, 55, 75.	Director:		
Director: Address: B. OFFICERS President: 212 S Frederick Ave Gaithersburg, MD 20877 Vice President: Address: Secretary: Address: Treasurer: 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 herei are true and that he or she is aware that false information submitted in a document to the Department of State constitute a third degree fellow as provided for a she'r 155 F.S.	Address:		
B. OFFICERS Scott Bell September Se			SARE ZO
Address: Caithersburg, MD 20877		CERS Scott Bell	27 ST
Gaithersburg, MD 20877 Vice President: Address: Secretary: Address: Treasurer: 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 herei are true and that he or she is aware that false interplation submitted in a document to the Department of State constitut a third degree felony as provided for in sign 7.155. F.S.		212 S Frederick Ave	> 1
Secretary: Address: Treasurer: 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 herei are true and that he or she is aware that false information submitted in a document to the Department of State constitute a third degree felony as provided for in sign 7.155 F.S.			
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(Typed or printed name and capacity of person signing application)	are true a a third de	er or director signing this document (and who is listed in number 11 above) affirms and that he or she is aware that false information submitted in a document to the Dergree felony as provided for in s # 7.155. F.S. Bell, Owner	partment of State constitutes

STATE OF MARYLAND Department of Assessments and Taxation

I, HEIDI DUDDERAR OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT CHESAPEAKE FINISHING, INC., INCORPORATED FEBRUARY 14, 1994, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS FEBRUARY 26, 2016.

Heidi Dudderar

Associate Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto, Metro (410) 767-1340 / Outside Balto, Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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