F17000005407

	ال	
(Re	questor's Name)	
(Ac	dress)	
(Δα	 dress)	
(, ,,,	idicoo)	
	· · · · · · · · · · · · · · · · · · ·	
(Ci	ty/State/Zip/Phone	: #)
		—
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
•		, ·
	ocument Number)	<u>j</u>
()(cument Number)	
		1
Certified Copies	_ Certificates	of Status
		;
Special Instructions to	Filing Officer	
	· ······g ·············	
		<u> </u>
		}
		l l
		<u> </u>
		1
	Office Use Onl	ļ.



800305944878

11/30/17--01008--003 **70.00

17 MOV 31 AH 12: 23

EN CONTONS

DEC 0 1 2017

COVER LETTER

TO: Registration Section Division of Corpora					
SUBJECT: MILLE	NNIUM HOME IMPROVEMENTS, INC.				
_ 	Name of corporation - must include suffix				
Dear Sir or Madam:					
"Certificate of Existence." of	by Foreign Corporation for Authorization to Transact Business in Florida," or "Certificate of Good Standing" and check are submitted to register the reporation to transact business in Florida.				
Please return all correspond	ence concerning this matter to the following:				
Jan Josk	ovic				
	Name of Person				
Millennium H	ome Improvements, Inc.				
6496 ILEX	CIR				
	1				
Nobles FL	City/State and Zip code OL · COM -mail address: (to be used for future annual report notification)				
2	City/State and Zip code				
ZVBOSNA	OL. COM				
<u> </u>	-mail address: (to be used for future annual report notification)				
	cerning this matter, please call:				
Don Boskon	Area Code Daytime Telephone Number				
Name of Person	Area Code Daytime Telephone Number				
STREET/COURIE	1				
Registration Section Division of Corpora					
Clifton Building	P.O. Box 6327				
2661 Executive Cer					
Tallahassee, FL 32					
Enclosed is a check for the t	following amount:				
又 \$70.00 Filing Fee □	\$78.75 Filing Fee & \$78.75 Filing Fee & \$87.50 Filing Fee, Certificate of Status Certified Copy 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. illennium Home (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) Nov. 12. 2002. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: 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.

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.

(Registered agent's signature)

11. Name	es and busine:	ss addresses¦c	of officers a	nd/or directors:			
A: DIRE		_ 1					
		bos					
Address:	6496	ILEX (CIR_	Noples	FL	34109	
				T			
Vice Chair	man:	1	•		_		
			1				
Director		<u></u>					:: :
							1 3
Address: _		- ,	ĺ			 :	7 180 3
-			<u> </u> 				= =
						•	<u>-</u>
Address:							- 65
	-		i				
B. OFFI	_	a	'				
President:	Jan	hosk	OVIC	. ()			<u>.</u>
Address:	6496	ILEX	CIK	Noples	FL	34109	
			1				
Vice Presi	dent:		-			51.3 × 1985	
Address:			<u> </u>				
			1				
Secretary:			1				
Address:			1 II				
Treasurer:) 			•	
			i I			•	
_			j	/	ı	ng additional officers and	lar directors
12.				NA DUB		ng additional officers allo	or directors.
		U	Sign	ature of Directo	r or Office		
are true a	nd that he or s	she is aware t	h <mark>ậ</mark> t false inf	ormation submit	in number ted in a do	11 above) affirms that the ocument to the Departmen	a facts stated herein tof State constitutes
a third de-	gree felony as	s provided for	iń s.817.15	5, F.S.		Chairman/Pr	
13 7	シリトチハ	HN(1)	tN / .17)	USKOVI	しっし	JAUN MUNT TA	C1111(1)7

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

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I. Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

MILLENNIUM HOME IMPROVEMENTS, INC.

is a

Corporation

formed or registered on 11/12/2002 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20021313337.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 11/14/2017 that have been posted, and by documents delivered to this office electronically through 11/16/2017 @ 17:30:20

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 11/16/2017 @ 17:30:20 in accordance with applicable law. This certificate is assigned Confirmation Number 10557289



Toyne N. Williams

Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos/state.co.iis/biz/Certificate/Search/Criteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.siv/state.co.ii/Criteria do entering the certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.siv/state.co.ii/Criteria do entering the certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.siv/state.co.ii/Criteria do entering the validate of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate.