F18000005341

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 500285 8255981

AUTHORIZATION : Capulables

COST LIMIT : \$ 87\50

ORDER DATE: November 21, 2018

ORDER TIME : 9:17 AM

ORDER NO. : 500285-005

CUSTOMER NO: 8255981

FOREIGN FILINGS

NAME: JOHNSTON & ASSOCIATES LAND AND WATER CREATION INC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ CERTIFIED COPY

PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:				
	Name of corporation	on - must	include suffix	
Dear Sir or Madam:				
The enclosed "Application by Fore "Certificate of Existence," or "Cer above referenced foreign corporations."	tificate of Good St	anding" a	nd check are subr	· · · · · · · · · · · · · · · · · · ·
Please return all correspondence c Dean Johnston	oncerning this mat	ter to the	following:	
Johnston & Associates Land and Wate		of Person		
	Firm/Co	ompany		
Ponte Vedra ,FL 32081	Ado	Iress		
landandwatercr@gmail.com	City/State	and Zip o	code	
E-mail	address: (to be use	d for futur	re annual report no	otification)
For further information concerning	this matter, please	e call:		
Dean Johnston	302	521	2984	
Name of Person	at (Area Co) ode	Daytime Teleph	one 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	ng amount:			
	5 Filing Fee & ficate of Status		5 Filing Fee & ied 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 FO. Johnston & Ass	REIGN COPPORATION TO TRANSACT BUS poiate Land	INESS IN THE STATE OF FLORIDA.
l	,	
(Enter name of c	orporation; must include "INCORPORATED." "Corp." "Inc," "Co." or "Corp.")	OMPANY," "CORPORATION,"
Land and Water	Creation	
Delaware	010	ted for the purpose of transacting business in Florida) 840636
May 19,2005	y under the law of which it is incorporated)	
1	5	(Date of duration, if other than perpetual)
(Date December 1, 20	of incorporation) 18	(Date of duration, if other than perpetual)
_	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, e ,Saint Johns ,Florida 32259	
•	(Principal of	fice address)
	(Current mailing ad	dress. if different)
3. Name and stree	et address of Florida registered agent: (P.O. Bo Dean Johnston	ox <u>NOT</u> acceptable)
Name:		_
	576 redberry Lane	
Office Address:		-
	Saint Johns	32259
	(City)	(Zip code)
'aving been nan 'signated in this rther agree to c ties, and I am j	application, I hereby accept the appointment	f process for the above stated corporation at the place as registered agent and agree to act in this capacity, ive to the proper and complete performance of my position as registered agent.
<u>B</u>	y: The last of the	
	(Registered agent	s signature)

Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction r the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Dean Johnston 5 Winsome Way Newark , DE 19702 Address: Vice Chairman: Address: ___ Director: _ Address: Director: Address: ____ **B. OFFICERS** Dean Johnston President: 5 Winsome Way, Newark, DE 19702 Address: ___ Vice President: Address: Stephanie Johnston Secretary: 5 Winsome Way , Newark , DE 19702 Address: __ Treasurer: Address: the chain addendum to the application listing additional officers and/or directors. NOTE: If necessa 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 re true and that he or she is aware that false information submitted in a document to the Department of State constitutes third degree felony as provided for in s.817.155, F.S.

Dean Johnston President

3. _____

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "JOHNSTON & ASSOCIATES LAND & WATER

CREATIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE

OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

TWENTY-FIRST DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "JOHNSTON & ASSOCIATES LAND & WATER CREATIONS, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF MAY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203950942

Date: 11-21-18

3970417 8300 SR# 20187769193