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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
(Скулация при					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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January 2, 2019

MARIA B. LEAMY OPENHOUSE DIRECT, INC. 18 HAMILTON ST., SUITE 1 BOUND BROOK, NJ 08805

SUBJECT: OPENHOUSE DIRECT, INC.

Ref. Number: W18000110555

We have received your document for OPENHOUSE DIRECT, INC. and your check(s) totaling \$1037.50. 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.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Brenda L Vorisek Director

www.sunbiz.org

D O D O W 000 E E U 1 000

Letter Number: 818A00026496

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: OpenHouse Direct, Inc.			
Name of corpo	oration - 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	d Standing" and check are submit		
Please return all correspondence concerning this	matter to the following:		
Maria B Leamy			
Na	me of Person		
OpenHouse Direct, Inc.			
Fire	n/Company		
18 Hamilton Street, Suite 1			
	Address		
Bound Brook, NJ 08805			
City/S	State and Zip code		
mleamv@healthfairsdirect.com		S	
E-man address. (to be	used for future annual report notif	reation)	
For further information concerning this matter, p	lease call:		
Maria B Leamy at (732) 563-9749 ext 101		
	a Code Daytime Telephone	e Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	Registration Section Division of Corpo P.O. Box 6327	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		\$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.

1.	OpenHouse Dir	ect, Inc.				
	(Enter name of corporation; must include "INCORPORATED." "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp." "Inc," "Co.," "Corp.")					
. ((If name unavail	able in Florida, enter alternate corporate na	me ado	pted for the purpose of transacting b	ousiness in Florida)	
2.	New Jersey		3, 55	-0814195		
	(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4	February 7, 200	3	5 pe	rpetual		
(Date of incorporation)			- · <u>-</u>	(Date of duration, if other tha	in perpetual)	
6	February 6, 201	5				
		(SEE SECTIONS 607.1501 & 60 et, Suite 1, Bound Brook, NJ 08805	7.1502	orida, if prior to registration) , F.S., to determine penalty liability) office address)		
2	Saine	(Current m	ailing a	ddress, if different)		
	Name and <u>stree</u> Name: ice Address:	et address of Florida registered agent: (John W Buckley 1830 Tree Swallow Way	-		2019 JAN 29 FH	
		Palm Harbor		. Florida 34683	\$ \frac{1}{2} \fra	
		(City)		(Zip code)	र्गा क	

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: Vice Chairman: Address: Director: Director: Address: _____ **B. OFFICERS** President: John W Buckley Address: 830 Tree Swallow Way, Palm Harbor, FL 34683-6269 Vice President: Address: Address: _____ Treasurer: Maria Leamy Address: 661 Fox Farm Road, Asbury, NJ 08802 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Trais Bear 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. Marie Bleam - Treasure / Sales Director
(Typed or printed name and capacity of person signing application)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

OPENHOUSE DIRECT, INC.

0100895340

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on January 07, 2003.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MARIA LEAMY 661 FOX FARM ROAD ASBURY, NJ 08802



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 20th day of November, 2018

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6092965693

Verify this certificate online at

 $https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp$