

F1900000903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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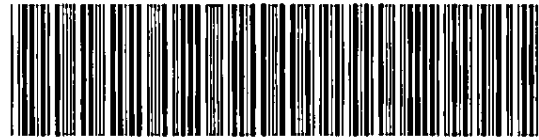
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 FEB 21 A 11:15

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 4, 2019

ALVIS EVANS  
1821 NE 4TH AVE  
CAPE CORAL, FL 33909

SUBJECT: GUARANTEED PROPERTY MANAGEMENT INC.  
Ref. Number: W19000011225

We have received your document for GUARANTEED PROPERTY MANAGEMENT INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 519A00002466

**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. Guaranteed Property Management Inc.

(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. N.C. 3. 832121378  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/2018 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. No business has been done in the state of Florida  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6608 Bonnie Bell Lane, Fayetteville NC 28314  
(Principal office address)

1821 NE 4th Avenue Cape Coral Florida 33909  
(Current mailing address, if different)

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

Name: Stacy Winston

Office Address: 1821 NE 4th Avenue

Cape Coral, Florida 33909  
(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.*

Stacy Winston

(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: Alvis Evans

Address: 6608 bonnie bell lane

Fayetteville NC 28314

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: Alvis Evans

Address: 6608 bonnie bell lane

Fayetteville NC 28314

Director: N/A

Address: \_\_\_\_\_

**B. OFFICERS**

President: Mazie Evans

Address: 6608 bonnie bell lane

Fayetteville NC 28314

Vice President: Alvis Evans

Address: 6608 bonnie bell lane

Fayetteville NC 28314

Secretary: Alvis Evans

Address: 6608 bonnie bell lane

Treasurer: Jakobe Moore Johnson

Address: 6608 bonnie bell lane

**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. Alvis Evans Chairman

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



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### **GUARANTEED PROPERTY MANAGEMENT INC.**

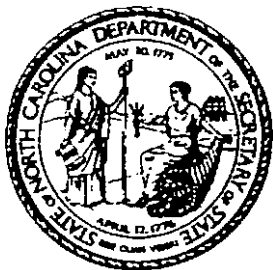
is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 5th day of October, 2018, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 11th day of February, 2019.

*Elaine F. Marshall*

Secretary of State



Scan to verify online.