F1900003355

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





900332840519

08/14/19--01929--008 **78.75



AUG 20 2019 M. SOLOMON

COVER LETTER

	iration Section for of Corporations					
SUBJECT:	Canavation Product Group, Inc. Name of corporation - must include suffix					
SOBJECT						
Dear Sir or M	adam:					
"Certificate of	"Application by Foreign Co Existence," or "Certificate ced foreign corporation to to	of Good Stan	ding" and check are sub			
Please return : Natalie Collins	all correspondence concerni	ng this matter	to the following:			
		Name of I	Person			
TotalCFO, LLC	C					
		Firm/Com	pany			
20711 Sterling	ton Drive					
		Addre	ss			
Land O Lakes,	FL 34638					
		City/State a	nd Zip code			
Ncollins@total						
	E-mail address	; (to be used f	or future annual report i	notification)		
For further int	formation concerning this m	atter, please c	all:			
Natalic Collins 813		813 at (909-9191			
Name	e of Person	Area Code	Daytime Telep	hone Number		
Regis Divisi Clifto 2661	EET/COURIER ADDRESS tration Section ion of Corporations in Building Executive Center Circle hassee, FL 32301	S:	MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7		
Enclosed is a	check for the following amo	ount:				
□ \$70.00 Fil	ing Fee		\$78.75 Filing Fee & Certified Copy	☐ \$87.50 Fifing 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.

n/a 			
	able in Florida, enter alternate corporate name add	opted for the purpose of transacting business in	ı Florida)
Delaware	y under the law of which it is incorporated)		··
	y under the law of which it is incorporated)	(FEI number, if applicable)	
06/21/2019	of incorporation) 5		
(Date	of incorporation)	(Date of duration, if other than perpeti	ial)
n/a			
2005 Whitmarsl	(Date first transacted business in Fl (SEE SECTIONS 607,1501 & 607,1502) h Lane, Tampa, FL 33626		
	(Principal	office address)	•••
same			·
	(Current mailing a	iddress, if different)	ng a
Name and stree	a address of Florida registered agent: (P.O. I	Box NOT acceptable)	3:
	Natalic Collins		ι
Name:	***		
	20711 Sterlington Drive		*
tice Address:	**************************************	21/20	
ice Address:	Land O Lakes	34638	
tice Address:	Land O Lakes (City)	, Florida (Zip code)	

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. Names and business addresses of officers and/or directors:

	ECTORS William Barlow		
Director:	12005 Whitmarsh Lane, Tampa, FL 33626		
Address:	<u> </u>		
Director:	Christopher Brink		
	12005 Whitmarsh Lane, Tampa, FL 33626		-
Augress:			
Director:	Jeffrey Korentur		
	12005 Whitmarsh Lane, Tampa, FL 33626		
Director:	Al Foreman		
	12005 Whitmarsh Lane, Tampa, FL 33626		
B. OFF	ICERS	٠,	85
President:	William Barlow		2000 2000 2001
Address:	12005 Whitmarsh Lane, Tampa, FL 33626		
	- April - Apri	· .	-
Vice Presi	Jeffrey Korentur ident:	· 	<u>ः</u>
	12005 Whitmarsh Lane, Tampa, FL 33626		 ω
Secretary:			
Address:	12005 Whitmarsh Lane, Tampa, FL 33626		
Treasurer:			
Address:			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or d	irectors.	
	effrey M. Lorentur		
The offic	er or director signing this document (and who is listed in number 11 above) affirms that the fac	ts stated	herein
	and that he or she is aware that false information submitted in a document to the Department of legree felony as provided for in s.817.155, F.S.	state co	nsututes
i3. Jeffr	ey Korentur, Vice President/ Director (Typed or printed name and capacity of person signing application)		
	(a yped or printed name and capacity or person signing application)		



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CANAVATION PRODUCT GROUP, 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 FIRST DAY OF AUGUST, A.D. 2019.

7479800 8300

Authentication: 203328283

Jeffrey W. Bullock, Secretary of State

Date: 08-01-19