F19000003995

(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:

W19000076683

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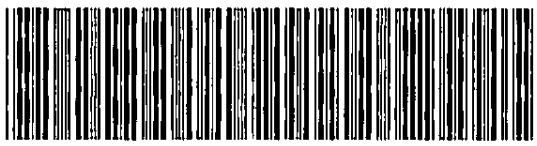

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SCOTT

AUG 29 2019

Rescu Sm. Hal Please

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2019

TIM HOTOP
1163 W. 20TH ST.
JACKSONVILLE, FL 32209

SUBJECT: T.H. CONSTRUCTION INCORPORATED
Ref. Number: W19000076683

Supplied in Original + Added One Signature

Entered In Original Applicants

We have received your document for T.H. CONSTRUCTION INCORPORATED and your check(s) totaling $70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

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.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

RECEIVED
AUG 28 2019

Yvette Scott
Document Specialist II

Letter Number: 019A00017019

Thank You
Tim Hotop
904-677-1207

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T. H. Construction, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

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TALLAHASSEE, FLORIDA

Please return all correspondence concerning this matter to the following:

Tim Hotep
Name of Person

T. H. Construction Inc
Firm/Company

1163 W 20th St
Address

Jacksonville, FL 32209
City/State and Zip code

Timhotep@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tim Hotep at (904) 677-1207
Name of Person Area Code Daytime Telephone 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 amount:

☒ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified 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 FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. T. H. Construction Incorporated (T to C)
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

Hotop Homes, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Missouri
(State or country under the law of which it is incorporated)

3. 43 1859617
(FEI number, if applicable)

4. 2/11/1999
(Date of incorporation)

5. _____
(Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1163 W 20th St, Jacksonville FL 32209
(Principal office address)

_____
(Current mailing address, if different)

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

Name: Tim Hotop

Office Address: 1163 W 20th St

Jacksonville, Florida 32209
(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.

Tim H Tim Hotop
(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: Tim Hotop

Address: 1163 W 20th St
Jacksonville FL 32209

Vice Chairman: _____

Address: _____

Director: Tim Hotop

Address: 1163 W 20th St
Jacksonville FL 32209

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Tim Hotop

Address: 1163 W 20th St
Jacksonville FL 32209

Vice President: _____

Address: _____

Secretary: Tim Hotop

Address: 1163 W 20TH St Jacksonville FL 32209

Treasurer: _____

Address: _____

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. Tim Hotop - President
(Typed or printed name and capacity of person signing application)

STATE OF MISSOURI

John R. Ashcroft
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION DIVISION
CERTIFICATE OF CORPORATE RECORDS

T. H. CONSTRUCTION, INC.
00465936

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 6th day of August, 2019.

Secretary of State

Certification Number: CERT-08062019-0087