# F20000001900

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

Office Use Only



800343307898

64 1,7√0 1-310,7-4001 **\*\***78,75



APR 23 2020 M. SOLOMON

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
CHDI	ECT: CARDINAL RESTORATION	N INC.		
SOBI	Name	of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certi	closed "Application by Foreign C ficate of Existence," or "Certificate referenced foreign corporation to t	of Good Stan	ding" and check are sub	ct Business in Florida," omitted to register the
Please	return all correspondence concern	ing this matter	to the following:	
Cordor	ı L. Olson			
	<u>.</u>	Name of	Person	<u> </u>
Law O	ffice of Cordon L Olson			
		Firm/Com	pany	
416 Pir	kle Ferry Rd, Bldg. K-500			
		Addre	:ss	
Cumm	ing, GA 30040			
		City/State a	nd Zip code	
cordon	.law@gmail.com			
	E-mail addres	s: (to be used f	or future annual report	notification)
For fu	ther information concerning this n	natter, please c	all:	
Cordon L Olson at (				
	Name of Person	Area Code	Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING A Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7
Please	ed is a check for the following ammake check payable to: FLORIDA D  .00 Filing Fee \$78.75 Filin  Certificate	EPARTMENT  1g Fee &	OF STATE  3 \$78.75 Filing Fee & Certified Copy	S87.50 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.

	orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATION,"			
(If name unavail	able in Florida, enter alternate corporate name ade	opted for the purpose of transacting busines	s in Florida)	-	
2. Georgia	Georgia 3.				
(State or countr	(State or country under the law of which it is incorporated)  (FEI number, if applicable)				
4. 06/20/2018	5.				
(Date	(Date of incorporation)  5. (Date of duration, if other than perpetual)				
6. None					
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502			•	
7. 4084 Drifting Sar	nd Trail, Destin, FL 32541	, 1.5., to determine penalty hability)			
, <u> </u>	(Principal office	street address)		-	
7870 Trailside W	/ay, Gainesville, GA 30506				
	(Current mailing a	ddress, if different)	S iso	20:	
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  David Goulding					
Name: Office Address:	4084 Drifting Sand Trail	_	Y OF STAIN	APR 15 AH 10:	
	Destin	, Florida	対象の	0: 00	الربيب
	(City)	(Zip code)		_	
Having been nam designated in this	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointmen omply with the provisions of all statutes rela	it as registered agent and agree to act i	in this capa	city. T	s,

(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.

#### A. DIRECTORS Name: \_\_\_\_\_ Rebecca Middleton ■ Chairman ☐ Chairman 4084 Drifting Sand Trail 1479 Ventura Dr., Ste. A ☐ Vice Chairman Address: ☐ Vice Chairman Address: Destin, FL 32541 Cumming, GA 30040 ☐ Director □ Director □President □President □Vice President □Vice President □ Secretary ☐ Treasurer Secretary ☐Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: \_\_\_ □ Chairman □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □President □President □Vice President □ Vice President □Secretary □Treasurer □ Secretary □Treasurer □Other \_\_\_\_\_ □Other □Other \_\_\_\_\_ □Other \_\_\_ □ Chairman Name: \_\_\_\_\_\_ □ Chairman □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: □ Director Director □ President □ President □Vice President \_\_\_ ☐ Vice President □ Secretary □Treasurer ☐ Secretary ☐ Treasurer Other \_\_\_\_\_ □Other \_\_\_\_\_\_ □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.

, David Goulding, Chairman

Control Number: 18077335

### STATE OF GEORGIA

# Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Cardinal Restoration INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 18812054 Date Inc/Auth/Filed: 06/20/2018 Jurisdiction : Georgia Print Date : 03/18/2020

Form Number : 211



Brad Rafforagesger

Brad Raffensperger Secretary of State