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(Re	equestor's Name)		
(Ac	idress)		
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(Ci	ty/State/Zip/Phone #)	. <u>-</u>	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to	Filing Officer:		

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_	distration Section ision of Corporations		r,	3
	Slide Guys Restoration Inco	rporated		
SORTECT	Name	of corporation	- must include suffix	
Dear Sir or	Madam:			
"Certificate		e of Good Stand	Authorization to Transact Business ling" and check are submitted to re is in Florida.	
Please retur	n all correspondence concerr	ning this matter	to the following:	
Dawn Mitch	ell			
		Name of I	Person	
Slide Guys R	estoration Incorporated			
		Firm/Comp	oany	
4342 Old M5	51			
		Addre	ss	
Croswell, MI	1 48422			F-3
		City/State an	id Zip code	
dawn.mitche	ll@slideguysrestoration.com			
	E-mail addres	s: (to be used fo	or future annual report notification)
For further i	nformation concerning this i	natter, please ca	all:	<i>b</i>)
Dawn Mitch	ell. Office Adm	810 at (_)	~>
Na	me of Person	Area Code	Daytime Telephone Numb	per
Reg Div The 241	REET/COURIER ADDRESTITUTION Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 81 ahassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	a check for the following am check payable to: FLORIDA D iling Fee	DEPARTMENT ng Fee &	\$78.75 Filing Fee & \$87 Certified Copy Cert	50 Filing Fee, ificate of Status & ified 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.

Slide Guys Rest	oration, Inc		
(Enter name of c	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"	
Slide Guys, Inc.			
	able in Florida, enter alternate corporate name		ousiness in Florida
2. Michigan			
(State or countr	y under the law of which it is incorporated)	(FEI number, if appli	cable)
4. 12/12/18	5.		
(Date	(Date of incorporation) 5. (C)		n perpetual)
6. June 20, 2020			
	(Date first transacted business	in Florida, if prior to registration)	
1212 0111451 6		502, F.S., to determine penalty liability)	ı
7.4342 Old M51, C		<u> </u>	
	(Principal of	fice <u>street</u> address)	
	(Communication)	ng address, if different)	
	(Current main	ng address, ii different)	5-3
9 Name and area	et address of Florida registered agent: (P.	() Roy NOT acceptable)	
6. Name and <u>suc</u>		co. This involute in involute	
Name:	Dan Tejada		10
Office Address:	725 Hyde Park Blvd		. :
Tribo I addi vici	Lakeland	, Florida 33805	i, s
	(Citv)	, riorida (Zip code)	3 -3

9. Registered agent's acceptance:

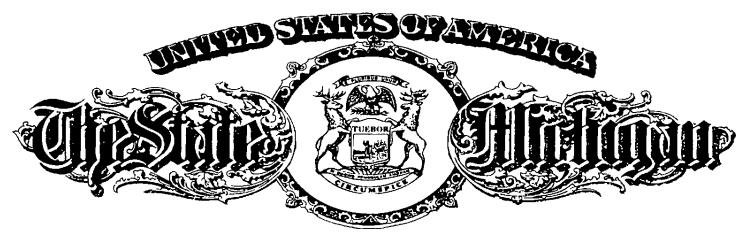
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Das Fejada (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				
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 28568 Sunnydale St	□Vice Chairman	Address:	
□Director	Livonia. MI 48165	□Director		
President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	□Other	□Other		Other
□ Chairman	Ryan Jacob Bakeman	□Chairman	Name:	
	Address: 4342 Old M51	□Vice Chairman		
□Director	Croswell, MI 48422	□Director		
□President		□President		
■Vice President		□Vice President		
☐ Secretary	Treasurer	□Secretary		□Treasurer
□Other	□Other	□Other		□Other
□Chairman	Dawn Mitchell	□Chairman	Name:	
	Address: 2313 18th Ave			
□Director	Port Huron, MI 48422	□Director		•
□President		□President		~:
□Vice President		□Vice President		
■ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	()ther	□Other		□Other
individuals may be	Use an attachment to report more than six (6). The attace addled to the index when filing your Florida Department	nt of State Annual R	eport form.	
12. Jer	Signature of Director o	or Officer		
The officer or dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in numberalse information submitted in a document to the Depart	r 11 above) affirms the ment of State constitu	hat the facts state utes a third degre	d herein are true and that he or e felony as provided for in

13. Jordan A Bakeman , President (Typed or printed name and capacity of person signing application)





Lansing, Michigan

This is to Certify That

SLIDE GUYS RESTORATION INC.

was validly incorporated on December 12, 2018 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Linda Clegg, Interim Director

Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 17th day of June, 2020.

Certificate Number: 20061529740