

8/13/2020

From: GFI FaxMaker To: 8506176383 Page: 1/5 Date: 8/13/2020 11:24:25 AM

Division of Corporations

F2000003559

Note: Please print this page and use it as a cover sheet. Type tax audit number (shown below) on the top and bottom of all pages of the document.

((H20000278289 3)))



H200002782893ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : 120120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2639

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: documents@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Anvil Rock Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2020 AUG 13 PM 2:46

H20000278289.3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anvil Rock 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.

Please retain all correspondence concerning this matter to the following:

Patricia Reyes

Name of Person

InCorp Services Inc

Firm/Company

3773 Howard Hughes Pkwy, Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

Patricia Reyes on behalf of InCorp Services, Inc. at (800) 246-2677 ext. 6806

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section

Division of Corporations

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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

H20000278289.3

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

H20000278289 3

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 Anvil Rock 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 Wyoming

3 46-2493930

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

(FBI number, if applicable)

4 03/25/2013

(Date of incorporation)

(Date of duration, if other than perpetual)

6 Upon Filing

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty/liability)

7 513 North Country Club Drive, Atlantis, FL 33462

(Principal office street address)

(Current mailing address, if different)

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

Name InCorp Services, Inc

Office Address 17888 67th Court North

Loxahatchee

Florida 33470

(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.



Patricia Reyes on behalf of InCorp Services, Inc

(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.

H20000278289 3

11 For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total)

H20000278289.3

A. DIRECTORS

☒ Chairman Name Kathleen Flaherty
☒ Vice Chairman Address _____
☒ Director 513 North Country Club Drive
Atlantis, FL 33462
☒ President _____
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☒ Chairman Name Paul Flaherty
☒ Vice Chairman Address _____
☒ Director 513 North Country Club Drive
Atlantis, FL 33462
☒ President _____
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
☒ Other CEO ☐ Other _____


☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ 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 5.817(5)(5), F.S.

13 Paul Flaherty, CEO
 (Typed or printed name and capacity of person signing application)

H20000278289.3

H20000278289 3

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office.

ANVIL ROCK INC.

is a


Profit Corporation

formed or qualified under the laws of Wyoming did on **March 25, 2013**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2013-000640375**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of August, 2020 at 10:52 AM. This certificate is assigned ID Number 038464440.




Secretary of State