

F2000005692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

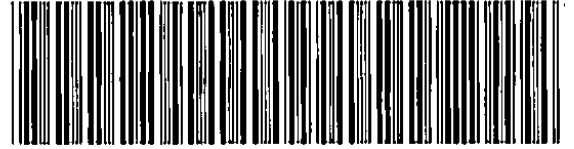
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 DEC 21 AM 10:47
2020 DEC 21 PM 12:24

DEC 22 2020
K. Brumbley



COGENCYGLOBAL

115 N CALHOUN ST., ST
TALLAHASSEE, FL 3230
866.625.0838
COGENCYGLOBAL.CC

Account#: 120000000088

Date: December 21, 2020

Name: David Shulman

Reference #: 1304975

Entity Name: BEST CONTRACTING, INC.

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

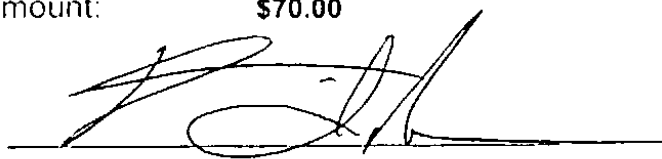
Dissolution/Withdrawal

Fictitious Name

Other _____

**ISSUES? CALL
David:
850-270-0082**

Authorized Amount: **\$70.00**

Signature: 

• **CORPORATE HQ**
COGENCY GLOBAL, INC
115 N CALHOUN ST
TALLAHASSEE, FL 32303
866.625.0838
+1.212.947.7200

• **EUROPEAN HQ**
COGENCY GLOBAL (UK) LIMITED
REGISTERS OFFICE
6 BELMIS MARKS, 1 FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

• **ASIA PACIFIC HQ**
COGENCY GLOBAL (HK) LIMITED
INFINITUS PLAZA 12141
188 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1801

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. Best Contracting, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

A-1 BEST CONSTRUCTION, INC.

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

2. Delaware Applied for
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/15/2020 5.
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 17670 Broadway Ave, Fort Myers Beach, FL 33931
(Principal office street address)

(Current mailing address, if different)

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

Name: Cogency Global Inc.

Office Address: 115 North Calhoun Street, Ste. 4

Tallahassee, Florida 32301
(City) (Zip code)

2620 DEC 21 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

[Handwritten signature]

Asst. Sec.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application; 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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

Chairman Name: James Champlin II
 Vice Chairman Address: 17670 Broadway Ave
 Director Fort Myers Beach, Florida 33931
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

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

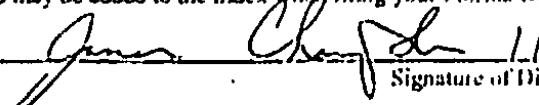
Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer _____
 Other _____ Other _____

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

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 s 817.155, F.S.

13 James Champlin II, President
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEST CONTRACTING, 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 EIGHTEENTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BEST CONTRACTING, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.




Jeffrey W. Bullock, Secretary of State

4447605 8300

SR# 20208694689

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204362C

Date: 12-18