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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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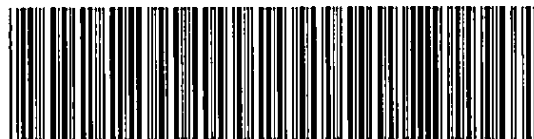
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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K. SALY
JAN 13 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Modena, 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 return all correspondence concerning this matter to the following:

Jason Wade
Name of Person
Modena, Inc
Firm/Company
1208 Denton Rd.
Address
Winter Park, FL 32792
City/State and Zip code
~~3~~ smart@doorbellNinja.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Wade at (321) 946-5569
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

**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. Modena, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- Florida Smart Home Services Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Kansas 3. 26-2522393
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/28/2008 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 01/01/2021
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1208 Denton Rd., Winter Park, FL 32792
(Principal office street address)

(Current mailing address, if different)

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

Name: Jason Wade

Office Address: 1208 Denton Rd.
Winter Park, FL , Florida 32792
(City) (Zip code)

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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.

Jason Wade
(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. 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: Jason Wade ☐ Chairman Name: _____
☐ Vice Chairman Address: 1208 Denton Rd. ☐ Vice Chairman Address: _____
☐ Director Winter Park FL 32792 ☐ Director _____
☒ President _____ ☐ President _____
☐ Vice President _____ ☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

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

☐ Chairman Name: _____ ☐ Chairman Name: _____
☐ Vice Chairman Address: _____ ☐ Vice Chairman Address: _____
☐ Director _____ ☐ Director _____
☐ President _____ ☐ President _____
☐ Vice 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. Jason Wade
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. Jason Wade
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB

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RECEIVED
TALLAHASSEE, FLORIDA

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that
according to the records of this office.

Business Entity ID Number: 4195665

Entity Name: MODENA, INC.

Entity Type: DOM: FOR PROFIT CORPORATION

State of Organization: KS

was filed in this office on April 28, 2008, and is in good standing, having fully complied
with all requirements of this office.

No information is available from this office regarding the financial condition, business
activity or practices of this entity.



In testimony whereof I execute this certificate and affix
the seal of the Secretary of State of the state of Kansas
on this day of December 27, 2020

SCOTT SCHWAB
SECRETARY OF STATE

Certificate ID: 1160026 - To verify the validity of this certificate please visit
<https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.