F2100001592

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
email to update title for Mushe 3/22/21





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AN (2)

COVER LETTER

TO:		tration Section of Corporations			
SUBJI	ECT:	Regency Devlopers, Inc			
		Name of	corporation	- must include suffix	
Dear S	ir or M	adam:			
"Certif	icate o		f Good Stand	Authorization to Transact Busing and check are submitted as in Florida.	
Please	return	all correspondence concerning	g this matter	to the following:	
Lisa Mı	uskal				
	<u> </u>		Name of F	erson	
Regenc	y Devel	opers, Inc			
			Firm/Comp	pany	
2066 S	Taylor	Rd			1
			Addre	SS	÷.
Clevela	nd Hts.	OH 44118			
			City/State an	d Zip code	
lisa@re	gencyd	esignandbuild.com			
•		E-mail address:	(to be used for	or future annual report notificat	tion)
For fur	ther inf	ormation concerning this mat	tter, please ca	ill:	
Lisa Mı	uskal	а	t (870-4247	
	Name	of Person	Area Code		umber
	Regist Divisi The C 2415	ET/COURIER ADDRESS: ration Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		MAILING ADDRE Registration Section Division of Corporati P.O. Box 6327 Tallahassee. FL 323	ons
	nake ch	check for the following amounced payable to: FLORIDA DEFing Fee S78.75 Filing Certificate of	PARTMENT (Fee &	\$78.75 Filing Fee & S Certified Copy	87.50 Filing Fec, 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.	Regency Devel	opers, Inc		
.,	(Enter name of c "Inc.," "Co.," "C	corporation; must include "INCORPORATED Corp," "Inc." "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
	(If name unavai	lable in Florida, enter alternate corporate name	adopted for the purpose of transacting b	usiness in Florida)
2.	Ohio	3.	34-1691601	
		ry under the law of which it is incorporated)	(FEI number, if applied	cable)
4.	12-5-1989	5.		
	(Date	e of incorporation)	(Date of duration, if other than	n perpetual)
6.				
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
7.	2066 S Taylor Ro		one, ries, se commune penuncy meenty,	
•		(Principal off	ice street address)	
	Clavela	ind, 0H 44118		
	Heigh	and 0 H 44118 (Current mailin	ng address, if different)	
8.	Name and street	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	
	Name:	Lisa Muskal		•
Oi	ffice Address:	6765 Lago Vista Тегтасе		• -
		Boca Raton	, Florida	
		(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.

uyen)

(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.

Director Director President Vice President Secretary Other	Address: 6765 Boca Raton, I	□Treasurer
President Vice President Secretary Other	Boca Raton, I	FLA 33433
Vice President Secretary Other		□Treasurer
Secretary Other		□Treasurer
Other		
l Chairman		□Other
	Name:	
	runic.	
	Address:	
Director		
President		
Vice President		
Secretary		□Treasurer
Other		□Other
Chairman	Name	
		· · · · · · · · · · · · · · · · · · ·
		
		· · · · · · · · · · · · · · · · · · ·
Vice President		
Secretary		□Treasurer
	Secretary Other Chairman Vice Chairman Director President Vice President	Vice President Secretary Other Chairman Name: Vice Chairman Address: Director President Vice President

(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show REGENCY DEVELOPERS, INC., an Ohio corporation, Charter No. 808228, having its principal location in Youngstown, County of Mahoning, was incorporated on December 5, 1991 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 3rd day of March, A.D. 2021....

Ohio Secretary of State

1 John

Validation Number: 202106203406