F210000012529

(Requestor's Name)			
(Addres	ss)		
(Addres	ss)		
(City/St	ate/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Busine	ess Entity Name)		
(Docum	nent Number)		
Certified Copies	Certificates of	Status	
Special Instructions to Filin	g Officer:		

Office Use Only



100363597751

04/13/21--01029--016 **87.50



305 TO 10

COVER LETTER

_	stration Section ion of Corporations			
SUBJECT:	Immaculate Homes Inc.			
BODGECT.	Nar	ne of corporation	- must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign f Existence," or "Certific ced foreign corporation t	ate of Good Stand	Authorization to Transact iding" and check are submits in Florida.	Business in Florida," itted to register the
Please return	all correspondence conce	erning this matter	to the following:	
HollyJo Karre	n		•	
	·	Name of F	Person	
Funk Rockwel	I PLLC			
	·	Firm/Com	pany	
525 W 465 N	Ste 120		•	
		Addre	ss	
Providence, U	T 84332			
		City/State an	nd Zip code	
holly@funkro	ckwell.com	•	•	
	E-mail addi	ress: (to be used for	or future annual report not	ification)
For further in	formation concerning thi	s matter, please ca	all:	
HollyJo K arre	n	at (435	535-1829	
Nam	e of Person	Area Code	Daytime Telephor	ne Number
Regis Divis The C 2415	EET/COURIER ADDR tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite in massee, FL 32303		MAILING ADI Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations
	•	DEPARTMENT		\$87.50 Filing Fee, Certificate of Status & Certified Copy

under the law of which it is incorporated.

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 6	Allo in Florida casa da casa		
		adopted for the purpose of transacting business in I	Florida)
2. Utah	3.	81-0623288	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
). 07/18/2003	of incorporation) 5.	(Date of duration, if other than perpetual	
(Date . 03/01/2021	or incorporation)	(Date of duration, if other than perpetual,)
)	(Data first temperated hydinas	in Florida, if prior to registration)	
		502, F.S., to determine penalty liability)	
5619 Padgett Cir	cle Oriando, FL 32839		
· <u></u>	(Principal of	fice street address)	
	(Current mailt	ng address, if different)	
		-	202
I. Name and stree	zt address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	Crew Christensen		137 2021 APR 13
	5619 Padgett Circle		ω
Office Address:		 -	PH
Office Address:	Odando	22820	
Office Address:	Orlando (City)	, Florida 32839 (7in code)	င္မ
Office Address:	Orlando (City)	, Florida 32839 (Zip code)	
. Registered ag	(City)	(Zip code)	<u>မှ</u> မွ
. Registered ag	(City) ent's acceptance: ned as registered agent and to accept serv	(Zip code)	ယ္ ယ ထ
). Registered ag Having been nam lesignated in this	(City) ent's acceptance: sed as registered agent and to accept serve application, I hereby accept the appoints	(Zip code) ice of process for the above stated corporation ment as registered agent and agree to act in th	ယ္ သ at the place is capacity.
). Registered ag Having been nam lesignated in this urther agree to c	(City) ent's acceptance: sed as registered agent and to accept serve application, I hereby accept the appoints	(Zip code) ice of process for the above stated corporation ment as registered agent and agree to act in th relative to the proper and complete performan	ယ္ သ at the place is capacity.
). Registered ag Having been nam lesignated in this urther agree to c	(City) ent's acceptance: ned as registered agent and to accept serve application, I hereby accept the appoints comply with the provisions of all statutes is with and accept the obligations of my po	(Zip code) ice of process for the above stated corporation ment as registered agent and agree to act in th relative to the proper and complete performan	ယ္ သ at the place is capacity.
Having been nam lesignated in this further agree to c	(City) ent's acceptance: ned as registered agent and to accept serve application, I hereby accept the appoints omply with the provisions of all statutes i	(Zip code) ice of process for the above stated corporation ment as registered agent and agree to act in th relative to the proper and complete performan	ယ္ သ at the place is capacity.

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

^{11.} For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A.]	DIREC	TORS
-------------	-------	------

■ Chairman	Name:	Chairman	Name:
□Vice Chairman	Address:	☐Vice Chairman	Address:
□Director	St George, UT 84790	Director	St George, UT 84790
□President		□President	
□Vice President		□Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer
Other	□ Other	□Other	Other
□ Chairman	Name: Crew Christensen	□ Chairman	Name:
☐Vice Chairman	4061 S 2420 E	□ Vice Chairman	Address:
□Director	St George, UT 84790	Director	
□President		☐ President	
□Vice President		☐ Vice President	
☐ Secretary	☐ Treasurer	Secretary	☐Treasurer
■Other	d Agent Other	Other	Other
☐ Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
President		□President	
☐Vice President		☐ Vice President	
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer
Other	Other	Other	DOther
Important Notice: Usindividuals may be	Jse an attachment to report more than six (6). The added to the Index when filing your Florida Des	partment of State Annual Re	f for reporting purposes only. Non-indexed port form.
12		CHRISTENSEN	
Signature of Discretor 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.	13 Jason Christensen Director/Owner		
(Typed or printed name and capacity of person signing application)			



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

03/31/2021 5358974-014203312021-1253251

CERTIFICATE OF EXISTENCE

Registration Number:

5358974-0142

Business Name:

IMMACULATE HOMES, INC.

Registered Date:

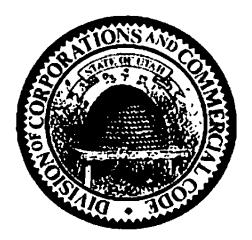
July 18, 2003

Entity Type:

Corporation - Domestic - Profit

Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



L. Veillette

Leigh Veillette Director Division of Corporations and Commercial Code