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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Sister's Remove Name of cor	poration must include suffix
Dear S	ir or Madam:	
"Certif	closed "Application by Foreign Corpora icate of Existence," or "Certificate of Go referenced foreign corporation to transac	tion for Authorization to Transact Business in Florida," bod Standing" and check are submitted to register the at business in Florida.
Please	return all correspondence concerning th	is matter to the following:
		A. Sigler  Vame of Person  O ( )
	Sisters	Remodeling Services, Ixc
	2096 Ell	Address
		Address  State and Zip code
	George Sts Fanail address: (to	be used for future annual report notification)
For fu	rther information concerning this matter.	please call:
	Name of Person /	407 ) 406-1546 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, F1, 32314
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPAR 0.00 Filing Fee	2 & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee.

## 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.

(If name unavailable in Florida, ente	r alternate corporate name ac	lopted for the purpose of transact	ting business in Florida)
91:0	3.	31-169724	6
(State or country under the law of v	which it is incorporated)	(FEI number, if	applicable)
(Date of accomparation)	<b>000</b> 5		
(Date of incorporation)		(Date of duration, if other	er than perpetual)
(Date	e first transacted business in E	Florida, if prior to registration) 2, F.S., to determine penalty liab	oility)
(312.312)	HONG 007.1501 & 007.150	D- 401 /at	H 11 320
,			/
	O96 Eller S	e street address)	1e +6 53952
	(Principal office	t Port Charlot e street address)	1e +2 53952
		e street address) address, if different)	1e +2 53952
			<u>1e +2 5395</u> 2
	(Current mailing	address, if different)	
	(Current mailing	address, if different)	
	(Current mailing	address, if different)	
	(Current mailing	address, if different)	
	(Current mailing	address, if different)	2021 HAY -8 SECRETAK TALLAHA
Name and street address of Flori- Name: George Office Address: 2096 E. Part Cha	(Current mailing	address, if different)	

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]:

(Registered agent's signature)

д. directors								
□Chairman	Name: George Sislet	□Chairman	Name:					
□Vice Chairman	Address: 2096 Filery St.	□Vice Chairman	Address:					
□Director	Part Charlotte FL	□Director		<u>.</u> .				
LyPresident	33952	□President						
□ Vice President		□Vice President						
□ Secretary	☐Treasurer	Secretary		□Treasurer				
□Other	□Other	□Other		Other				
□Chairman	Name: Claude Sista	□Chairman	Name:					
□Vice Chairman	Address: 520 Penkan Dt.	□Vice Chairman	Address:					
□Director	Howard OH 4000	□Director						
□President	43028	□President						
₩Vice President		□Vice President						
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer				
Other	□Other	□Other		□Other				
□Chairman □Vice Chairman	Name: Sandy Sister  Address: 520 Penlann D.	□Chairman □Vice Chairman						
□Director	Havard OH 43028	□Director	<del></del>					
□President		□President						
□Vice President		□Vice President						
LVS ceretary	☐Treasurer	☐ Secretary		□Treasurer				
Other	Other	□Other	<del></del>	□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. George A. Sister Fresident (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 SISLER'S REMODELING SERVICES, INC., an Ohio corporation, Charter No. 1127570, having its principal location in Pickerington, County of Licking, was incorporated on January 18, 2000 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 May, A.D. 2021.

**Ohio Secretary of State** 

Fred flore

Validation Number: 202112305992