# F21000003624

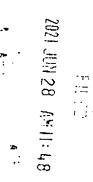
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

	stration Section					
Divis	ion of Corporations					
	Sterling Properties, In	nc.				
SUBJECT:	Name of corporation - must include suffix					
	Name	or corporation -	must metade sum x			
Dear Sir or M	fadam:					
"Certificate o		e of Good Standi	uthorization to Transact Business in Florida," ing" and check are submitted to register the in Florida.			
Please return Jerome P N	all correspondence concert Malinay	ning this matter t	o the following:			
		Name of Pe	erson			
Sterling Pro	operties, Inc					
		Firm/Comp	any			
4051 Sprin	g Island					
		Addres	S			
Okatie, SC	29909					
		City/State and	1 Zip code			
malinay@e	earthlink.net	·	,			
	E-mail addre	ss: (to be used fo	r future annual report notification)			
	i, man addre	33. (10 be used 10	Tradic amade report notification,			
For further in	formation concerning this	matter, please ca	II:			
Jerome P Malinay 423		423 at (	646-2000			
Nam	e of Person	Area Code	Daytime Telephone Number			
Regis Divis The C 2415	EET/COURIER ADDRE stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 8 hassee, FL 32303		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is a	check for the following an	nount:				

**S** \$87.50 Filing Fee,

☐ \$78.75 Filing Fee &

Please make check payable to: FLORIDA DEPARTMENT OF STATE

□ \$70.00 Filing Fee □ \$78.75 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.

	orporation; must include "INCORPORATED," "(orp." "Inc." "Co." or "Corp.")			a
	Ster	ling Proporties of	South Flo	(A)
(If name mounit	ible in Florida, enter alternate corporate name ado	pted for the purpose of transacting	business in Florida)	-
	$\mathbf{e}^r$	2.156/200		
2/22/1004	y under the law of which it is incorporated)			<del></del>
0/20/1004	5			_
5		(Date of duration, if other th	ian perpetual)	
	(Date first transacted business in Fl (SEE SECTIONS 607.1501 & 607.1502 Forest, Okatie, SC 29909	orida, if prior to registration) , F.S., to determine penalty liability	y)	_
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 Forest, Okatie, SC 29909 (Principal office) Island, Okatie, SC 29909	, F.S., to determine penalty liability street address)		<del>-</del>
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 Forest, Okatie, SC 29909 (Principal office) Island, Okatie, SC 29909	, F.S., to determine penalty liability		_
4051 Spring  Name and stre	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 Forest, Okatie, SC 29909 (Principal office) Island, Okatie, SC 29909	, F.S., to determine penalty liability street address)  ddress, if different)	2021 JUH 28	
4051 Spring  Name and stre	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502) Forest, Okatie, SC 29909  (Principal office of Island, Okatie, SC 29909  (Current mailing a office of Islands) (Current mailing a office of Islands) (Current mailing a office of Islands) (P.O. Let address)	, F.S., to determine penalty liability street address)  ddress, if different)	2021 JUH 28	
4051 Spring  Name and stre	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502 Forest, Okatie, SC 29909  (Principal office Stand, Okatie, SC 29909  (Current mailing a Registered Agent: (P.O. E Registered Agents Inc.)  7901 4th St N STE 300	, F.S., to determine penalty liability street address)  ddress, if different)		

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.

(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.

A. DIRECTORS	Jerome P Malinay		
☑ Chairman	Name:	□ Chairman	Name:
☐Vice Chairman	Address:	☐Vice Chairman	Address:
Director		Director	
President		President	
☐Vice President	<del></del>	□Vice President	
✓ Secretary	☐ l'reasurer	☐ Secretary	□ freasurer
Other	Other	□Other	Other
<b>□</b> Chairman	Name:	<b>□</b> Chairman	Name:
☐Vice Chairman	Address:	<b>□</b> Vice Chairman	Address:
Director		Director	
□President		President	
□Vice President		□Vice President	
☐Secretary	□□l'reasurer	☐Secretary	□□Γreasurer
Other	Other	□Other	Other
<b>□</b> Chairman	Name:	<b>□</b> Chairman	Name:
☐Vice Chairman	Address:	☐Vice Chairman	Address:
□Director		Director	
President		President	
□Vice President		□Vice President	
☐Secretary	□□freasurer	☐ Secretary	□IFreasurer
Other	Other	□Other	Other
individuals may be 12.  The officer or dire	Signature of Director ctor signing this document (and who is listed in numbalse information submitted in a document to the Deparement to t	or Officer  or I I above) affirms the trument of State constitution.	eport form.  hat the facts stated herein are true and that he or utes a third degree felony as provided for in



# Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

JEROME P MALINAY 4051 SPRING ISLAND

OKATIE, SC 29909

May 8, 2021

Request Type: Certificate of Existence/Authorization

Request #:

0416582

Issuance Date: 05/08/2021

Copies Requested:

**Document Receipt** 

Receipt #: 006352717

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3806487523

\$20.00

Regarding:

STERLING PROPERTIES, INC.

Filing Type:

For-profit Corporation - Domestic

Formation/Qualification Date: 03/23/1994

Status:

Active

Duration Term: Perpetual

**Business County:** 

Control #:

277226

Date Formed:

03/23/1994

Formation Locale: TENNESSEE

Inactive Date:

#### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

### STERLING PROPERTIES, INC.

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Verification #: 046177129 Processed By: Cert Web User