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DATE: 7/1/2021

NAME: PUNCHLIST USA, INC

TYPE OF FILING: APPLICATION

COST: 70.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

TO:	: Registration Section Division of Corporations				
SUBJ	ECT:	PunchList USA, Inc.			
		Name o	f corporation -	must include suffix	
Dear S	Sir or M	adam:			
"Certif	ficate o	"Application by Foreign Corf Existence," or "Certificate ced foreign corporation to tra	of Good Standi	ng" and check are subm	
Please	return	all correspondence concerni	ng this matter to	the following:	
Min A	lexande	г			
			Name of Pe	rson	
Punchi	List US	A, Inc.			
			Firm/Compa	ıny	
804 M	ecting S	treet #101			
			Address		
Charle	ston, SC	29403			
			City/State and	Zip code	
min@p	nunchlis	tusa.com			
		E-mail address:	(to be used for	future annual report no	tification)
For fur	ther in	formation concerning this ma	atter, please cal	:	
			at (		
	Nam	e of Person	Area Code	Daytime Telepho	one Number
	Regis Divis The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	S:	MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Please 1	make ch	check for the following amorek payable to: FLORIDA DE ing Fee	PARTMENT O	F STATE 178.75 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.

PunchList USA, Inc.  (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")						
me., co., c	orp, me, co, or corp. ;					
		The state of the s				
Dalouars	·	adopted for the purpose of transacting business in Florida)				
2. (State or country	3.	(FEI number, if applicable)				
4. (Date	5. of incorporation)	(Date of duration, if other than perpetual)				
6		Florida, if prior to registration)				
		502, F.S., to determine penalty liability)				
7. 804 Meeting Stre	et #101, Charleston, SC 29403					
	(Principal offi	ace <u>street</u> address)				
	(Current mailir	ng address, if different)				
	(Current matin	ig address, it differently				
8. Name and street	et address of Florida registered agent: (P.C	D. Box NOT acceptable)				
Nome	Paracorp Incorporated	2 2 6				
Name:	155 Office Plaza Drive, 1st Floor	ng address, if different)  D. Box NOT acceptable)				
Office Address:	133 Office Plaza Drive, 181 Ploof	—				
	Tallahassee	, Florida				
	(City)	(Zip code)				
9. Registered ag	ent's acceptance:					
Having been nam	ed as registered agent and to accept servi	ce of process for the above stated corporation at the place				
		nent as registered agent and agree to act in this capacity. I elative to the proper and complete performance of my dutie				
,	with and accept the obligations of my po					

SEE ATTACHED

'(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						
□Chairman	Name: James Banyas	□Chairman	Name: John Cambier			
□Vice Chairman	Address:	□Vice Chairman	Address: 804 Meeting Street #101			
Director	Charleston, SC 29403	Director	Charleston, SC 29403			
□President		□President				
□Vice President		□Vice President				
Secretary	□Treasurer	□Secretary	□Treasurer			
□Other	Other	□Other	□Other			
□Chairman □Vice Chairman ■Director	Name:  804 Meeting Street #101  Address:  Charleston, SC 29403	□Chairman □Vice Chairman ■Director	Name:  804 Meeting Street #101  Address:  Charleston, SC 29403			
□President		□President				
□ Vice President		□Vice President				
Secretary	□Treasurer	□ Secretary	□Treasurer			
□Other		□Other	□Other			
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address: 804 Meeting Street #101	□ Vice Chairman	Address:			
Director	Charleston, SC 29403	□Director				
President		□President				
□ Vice President		□Vice President				
☐ Secretary	□Treasurer	Secretary	□Treasurer			
□Other	□Other	□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. 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.

## STATE OF FLORIDA

### REGISTERED AGENT CONSENT FORM

DATE: 6/30/2021

ENTITY NAME: PunchList USA, Inc.

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PUNCHLIST USA, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PUNCHLIST USA, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203568275

Date: 06-30-21