

F21000004309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

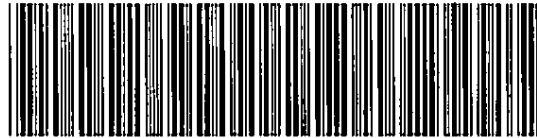
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W21-100145

SAL

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07/23/21--01020--026 **78.75

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2021 JUL 30 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FL

SAL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2021

NATHALIE HEBRARD
1375 PETALUMA BOULEVARD N
PETALUMA, CA 95404

SUBJECT: NORTHBAY MAINTENANCE, INC.
Ref. Number: W21000106145

We have received your document for NORTHBAY MAINTENANCE, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 121A00017666

Nathalie Hebrard
OK To Correct 7/30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTHBAY MAINTENANCE, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

NATHALIE HEBRARD

Name of Person

NORTHBAY MAINTENANCE, INC.

Firm/Company

1375 PETALUMA BOULEVARD N

Address

PETALUMA, CA

City/State and Zip code

nathalie@nbbmaintenance.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathalie Hebrard

at (707) 757-4834

Name of Person

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, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

A. DIRECTORS

☐ Chairman Name: CLAUDINE RIPERT
☐ Vice Chairman Address: 1375 PETALUMA BLVD N
☐ Director PETALUMA, CA 94952
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other CHIEF EXECUTIVE ☐ Other _____

☐ Chairman Name: JACQUELINE COPPER
☐ Vice Chairman Address: 1375 PETALUMA BLVD N
☒ Director PETALUMA, CA 94952
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: ZACHARY COPPER
☐ Vice Chairman Address: 1375 PETALUMA BLVD N
☐ Director PETALUMA, CA 94952
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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] 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. CLAUDINE RIPERT
 (Typed or printed name and capacity of person signing application)



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: NORTHBAY MAINTENANCE, INC.
File Number: C4064996
Registration Date: 09/19/2017
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of July 15, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of California
this day of July 16, 2021.

A handwritten signature in black ink, appearing to read "S. N. Weber".

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: Z2VX64Z

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.