F21000005187

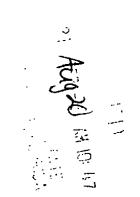
(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	_
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporation	s			
SUBJ	JECT:	EVERLASTING RE	NOVAT	TIONS INC	
50170		Name of corporation	n - mus	t include suffix	
Dear 9	Sir or Madam:				
"Certi	nclosed "Application by Foundation for "C ficate of Existence," or "C referenced foreign corpor	Certificate of Good Sta	nding"	and check are subr	
Please	return all correspondence	concerning this matte	r to the	following:	
		DAVID I	KLIME	ζ	
		Name of		-	
		EVERLASTING RE	TAVON	TONS INC	
		Firm/Co	• •		
		122 INDUST		BLVD	
		Add			
	· · · · · · · · · · · · · · · · · · ·	PENSACOLA			
		City/State	-		
	E	DAVID@UNIVERS			otification)
	E-ma	iii address. (10 de used	ior iun	ute annual report it	onneanony
For fu	irther information concern	ing this matter, please	call:		
	DAVID KLIMEK	at ()	231-0119	
	Name of Person	Area Co	de	Daytime Teleph	none 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			
Please		ORIDA DEPARTMEN	□ \$78.	TATE 75 Filing Fee & tified Copy	\$87.50 Filing Fce, Certificate of Stat Certified Copy



August 4, 2021

DAVID KLIMEK 122 INDUSTRIAL BLVD PENSACOLA, FL 32505-2202

SUBJECT: EVERLASTING RENOVATIONS INC.

Ref. Number: W21000108973

We have received your document for EVERLASTING RENOVATIONS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux Regulatory Specialist II

RECEIVED

Letter Number: 921A00018447

DODINESS IN LPOKINA

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.

l.	E	VERLASTING RENOVA	ATIONS INC	
	rporation; must include " rp," "Inc," "Co," or "Cor		OMPANY," "CORPORATI	ON,"
	Eve	erlasting Renovations Pen	sacola Inc	
(If name unavaila	ble in Florida, enter alter	nate corporate name adop	ted for the purpose of transac	ting business in Florida)
G 2.	EORGIA	3.	86-3816149	
(State or country	under the law of which	it is incorporated)	(FEI number, if applicable)	
.1	05/05/2021	5.		
(Date	of incorporation)		(Date of duration, if oth	er than perpetual)
5.		07/07/2021		
7	122 [7	NDUSTRIAL BLVD, PER	NSACOLA, FL 32505-2202	
		(Current mailing ad	dress, if different)	
8. Name and stree		gistered agent: (P.O. Bo	ox NOT acceptable)	21
Name:	DA VID KLIMEK		_	3
Office Address:	122 INDUSTRIAL B	LVD	_	8 I
	PENSACOLA		_ , Florida	M IO: 47
	(C	City)	(Zip code)	47 E DA

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the indesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacitather agree to comply with the provisions of all statutes relative to the proper and complete performance of mand 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 the Department of State, by the Secretary of State or other official having custody of corporate records in the juris 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]:

□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address: 122 INDUSTRIAL BU	D 🗆 Vice Chairman		
□Director	PENSACOLA, FL 32505-220			
President		□President		
□ Vice President		□Vice President		
Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer	
Other	Other	□Other	Other	
□Chairman	Name:	Day:		
		□ Chairman	Name:	
	Address:	□ Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary	☐Treasurer	
Other	Other	Other	Other	
□ Chairman	Name:			
		□ Chairman	Name:	
	Address:	□Vice Chairman	Address:	
□Director		☐ 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-in-individuals may be added to the index when filing your Florida Department of State Annual Report form. 12.				
14.	Signature of Director of	or Officer		
The officer or direct she is aware that fall s.817.155, F.S.	tor signing this document (and who is listed in number lise information submitted in a document to the Depart	r 11 above) affirms tha ment of State constitut	at the facts stated herein are true and es a third degree felony as provided	
1 J.	_ VAUC KIIMER			

(Typed or printed name and capacity of person signing application)

Control Number: 21120504

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF INCORPORATION

I. Brad Raffensperger, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Everlasting Renovations Inc a Domestic Profit Corporation

has been duly incorporated under the laws of the State of Georgia on 05/05/2021 by the filing of articles of incorporation in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 05/07/2021.



Brad Raffensperger
Brad Raffensperger

Secretary of State