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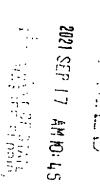
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### **COVER LETTER**

TO:	Registration Section Division of Corporations
CHDI	ECT: STREETSIDE SHOWERS, INC.
SODA	Name of Corporation – must include suffix
Dear S	ir or Madam:
Affairs	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida.
Please	return all correspondence concerning this matter to the following:
	LANCE A. OLINSKI
	Name of Person
	STREETSIDE SHOWERS, INC.
	Firm/Company
	2723 STONEPOINTE
	Address
	MCKINNEY, TX 75072
	City/State and Zip Code
	LANCE@STREETSIDESHOWERS.COM
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
LANC	E A. OLINSKI 469 734-7093 at ( )
	Name of Person Area Code Daytime Telephone Number
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Please	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE .00 Filing Fee \$\Bigsquare \frac{1}{2}\$78.75 Filing Fee & \$\Bigsquare \frac{1}{2}\$87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

# APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617,1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

(If name unavailable in Florida, enter a	alternate corporate name adop	oted for the purpose of transacting bus	iness in Florida)
2. TEXAS	3.82-20	(H390) (FEI number, if applicable)	
	nich it is incorporated)	(FEI number, if applicable)	
JUNE 26, 2017	5	(Date of duration, if other than p	
		(Date of duration, if other than p	perpetual)
JULY 13, 2019			
(Date first conducted affairs in Florida if	prior to registration. See section	ns 617,1501 & 617,1502, F.S. to deteri	mine penalty liabilit
2723 STONEPOINTE, MCKINNEY,	TEXAS 75072		
2723 STONEPOINTE, MCKINNEY,	TEXAS 75072 (Principal office str	<u>eet</u> address)	
2723 STONEPOINTE, MCKINNEY,	TEXAS 75072 (Principal office <u>str</u>	<u>eet</u> address)	
2723 STONEPOINTE, MCKINNEY,	TEXAS 75072  (Principal office str  (Current mailing addre		
	(Current mailing addre	ss. if different)	
PROVIDE SHOWERS AND HYGIER (Purpose(s) of corporation authorized in the component of the corporation authorized in the corpora	(Current mailing addre	ss. if different)	0.0
PROVIDE SHOWERS AND HYGIER (Purpose(s) of corporation authorized in the corporation authorized i	(Current mailing addre	ess. if different)  ESS INDIVIDUALS  carried out in the state of Florida)	2021
	(Current mailing addre	ess. if different)  ESS INDIVIDUALS  carried out in the state of Florida)	2021 S.S.
PROVIDE SHOWERS AND HYGIER (Purpose(s) of corporation authorized i  Name and street address of Florida	(Current mailing addre	SS. if different)  ESS INDIVIDUALS  carried out in the state of Florida)  x NOT acceptable)	2021 SEP 1
PROVIDE SHOWERS AND HYGIER (Purpose(s) of corporation authorized in the corporation authorized i	(Current mailing addre	SS. if different)  ESS INDIVIDUALS  carried out in the state of Florida)  x NOT acceptable)	2021 SEP 17 AM 10: 45

10. Registered agent's acceptance:

. STREETSIDE SHOWERS, INC.

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)

11. 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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]: A. DIRECTORS ROB DAVIS LANCE A. OLINSKI Name: □ Chairman □ Chairman 2723 STONEPOINTE 1918 LANDRIDGE □Vice Chairman Address: □ Vice Chairman Address: MCKINNEY, TX 75072 ALLEN, TX 75013 ■ Director ■ Director ■ President □President □Vice President ☐ Vice President ☐Treasurer ☐ Secretary ■ Treasurer □ Secretary □Other: \_\_\_\_\_ ☐ Other:\_\_\_\_\_ □Other:\_\_\_\_ □Other:\_\_\_\_\_ JOSPEH SADOWY TIM GERWING □ Chairman □ Chairman Address: 22 BROOKHOLLOW CIR Address: \_\_\_\_\_ □Vice Chairman ☐ Vice Chairman MCKINNEY, TX 75071 MELISSA, TX 75454 ■ Director ■ Director □ President President ☐ Vice President □ Vice President □ Secretary □Treasurer **■**Secretary □Treasurer □Other:\_\_\_\_ □Other: \_\_\_\_\_ ☐ Other:\_\_\_\_\_ ☐ Chairman Name: \_\_\_\_\_ □ Chairman □ Vice Chairman Address: ☐ Vice Chairman Address: \_\_ \_ □ Director Director □President ☐ President □ Vice President □ Vice President □ Secretary □Treasurer ☐ Secretary □ Treasurer Other:\_\_\_\_ ☐ Other:\_\_\_\_\_ Other:

Corporations Section *t* P.O.Box 13697 Austin, Texas 78711-3697



## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Streetside Showers, Inc. (file number 802754092), a Domestic Nonprofit Corporation, was filed in this office on June 26, 2017.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 09, 2021.



Phone: (512) 463-5555

Jose A. Esparza Deputy Secretary of State

Dial: 7-1-1 for Relay Services