

F21000006695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

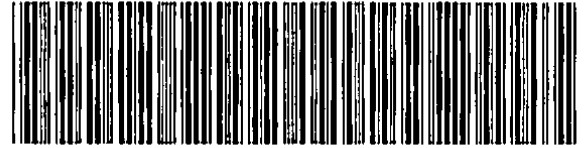
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TALLAHASSEE, FL

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S. FRANKLIN

NOV 22 2021

COVER LETTER

TO: Registration Section
Division of Corporations
Notre Dame Investors Inc.

SUBJECT: _____
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:
James Hill

_____	Name of Person
Notre Dame Investors Inc.	
_____	Firm/Company
53 Avista Cr	
_____	Address
St Augustine, FL 32080	
_____	City/State and Zip code
james.hill@notredameinvestors.com	

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

For further information concerning this matter, please call:

James Hill	202	549-6630
_____	at (_____)	_____
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**

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|---|---|

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CLERK OF STATE
TALLAHASSEE, FL

**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.*

Notre Dame Investors Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. _____ 3. _____
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (FBI number, if applicable)
Arizona 86-0566048
(State or country under the law of which it is incorporated)
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
10/20/1986
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
211 Anastasia Blvd., St Augustine, FL 32080
7. _____
(Principal office street address)
- _____ (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Anne Hill
Office Address: 53 Avista Cr
St Augustine, Florida 32080
(City) (Zip code)

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SECTION 607.1503
TALLAHASSEE, FL

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.

DocuSigned by:
Anne Hill
4A4423978D7F447
(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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

James Hill

☐ Chairman Name: _____
64 Green St

☐ Vice Chairman Address: _____
Warner Robins, GA 31093

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Anne Hill

☐ Chairman Name: _____
53 Avista Cr

☐ Vice Chairman Address: _____
St Augustine, FL 32080

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Roland Oberlin

☐ Chairman Name: _____
5404 Holly Street

☐ Vice Chairman Address: _____
Bellaire, TX 77401

☐ Director _____

☐ President _____

☒ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Roland Oberlin

☐ Chairman Name: _____
5404 Holly Street

☐ Vice Chairman Address: _____
Bellaire, TX 77401

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

James Hill

☐ Chairman Name: _____
64 Green St

☐ Vice Chairman Address: _____
Warner Robins, GA 31093

☐ Director _____

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Greg Jones

☐ Chairman Name: _____
24 Avista Cr

☐ Vice Chairman Address: _____
St Augustine, FL 32080

☐ Director _____

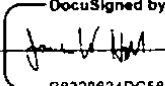
☐ President _____

☒ 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.  _____
DocuSigned by: 88328624DC564B0... 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/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.

James Hill, President

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

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FILED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

NOTRE DAME INVESTORS, INC.

ACC file number: 01901950

was incorporated under the laws of the State of Arizona on 10/20/1986;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the
Arizona Corporation Commission, and issued this Certificate on this date: 11/21/2021



Matthew Neubert

Matthew Neubert, Executive Director

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2021

JAMES HILL
53 AVISTA CR
ST AUGUSTINE, FL 32080 US

SUBJECT: NOTRE DAME INVESTORS INC.
Ref. Number: W21000144430

We have received your document for NOTRE DAME INVESTORS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 021A00026981