# F21000006871

(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					





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S. ROBERTS DEC 0 2 2021

### **CT CORP**

#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date:

12/02/2021

	Acc#I20160000072				
Name:	OFFICE PRIDE HOLDINGS, INC.				
Document #:					
Order #:	14009700				
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of					
Apostille/Notarial Certification:	Country of Destination:  Number of Certs:				
Filing: 🗸	cCertified: ✓ ˆ Plain: COGS:				
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$ 78.75				

Thank you!

## 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.

Office Pride He	oldings, Inc.			
(Enter name of a "Inc.," "Co.," "C	corporation; must include "INCORPORATI Corp," "Inc," "Co," or "Corp.")	≅D," <sup>*</sup>	"COMPANY," "CORPORATION	I,**
(If name unavai	lable in Florida, enter alternate corporate na	me ad	opted for the purpose of transacting	g business in Florida)
Delaware 2.		3. 8	7-3702063	
(State or country under the law of which it is incorporate			(FEI number, if ap	plicable)
4. 11-23-21		5.		
(Date of incorporation)		_	(Date of duration, if other t	han perpetual)
6. Upon Filing				
			lorida, if prior to registration) 2, F.S., to determine penalty liabilit	:y)
3450 East Lake	Road, Suite 200, Palm Harbor, Florida 3468	35		
·	(Principal	office	street address)	
				POS PRODE
	(Current ma	illing a	address, if different)	DEC -
8. Name and stre	et address of Florida registered agent: (	P.O. 3	Box NOT acceptable)	1 - 2 2 - 2
Name:	James Todd Hopkins			PHI2:
Office Address:	3450 East Lake Rd, Suite 200			2: 6
	Palm Harbor		. Florida 34685	
	(City)		(Zip code)	

#### 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.

(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 Todd Hopkins  □ Chairman		Name:		
□ Vice Chairman	Address:	□ Vice Chairman	Address:		
Director	3450 East Lake Road, Suite 200	Director	3450 East Lake Road, Suite 200		
■ President	Palm Harbor, Florida 34685	□President	Palm Harbor, Florida 34685		
□Vice President		□Vice President			
Secretary	□Treasurer	□ Secretary	■Treasurer		
Other	□Other	Other	Other		
□ Chairman	Name: Michelle M. Hopkins	□ Chairman	Name: Samuel K. Hopkins		
□ Vice Chairman	Address:	□Vice Chairman	Address:		
Director	3450 East Lake Road, Suite 200	Director	3450 East Lake Road, Suite 200		
□President	Palm Harbor, Florida 34685	□President	Palm Harbor, Florida 34685		
□Vice President		□Vice President			
☐ Secretary	☐ Treasurer	☐ Secretary	□Treasurer		
Other	Other	Other	Other		
□ Chairman	Name: Matthew A. Hopkins	□ Chairman	Name:		
☐ Vice Chairman	Address:	☐ Vice Chairman	Address:		
Director	3450 East Lake Road, Suite 200	Director			
□President	Palm Harbor, Florida 34685	□President			
□Vice President		□Vice President	· · · · · · · · · · · · · · · · · · ·		
Secretary	□Treasurer	☐ Secretary	☐ <b>Tre</b> asurer		
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 direct she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in nu sise information submitted in a document to the De	mber 11 above) affirms the epartment of State constitut	at the facts stated herein are true and that he or les a third degree felony as provided for in		

James Todd Hopkins, President and Secretary



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

DELAWARE, DO HEREBY CERTIFY "OFFICE PRIDE HOLDINGS, 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 SECOND DAY OF DECEMBER, A.D. 2021.

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

Authentication: 204844643

Date: 12-02-21