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S. FRANKLIN DEC 11 2021

COVER LETTER `

TO: Registration Section Division of Corpo		•			
SUBJECT: M.R. Keller	Flooring Inc.				
30000C1.	Name of corporation	n - must include suffix			
Dear Sir or Madam:					
"Certificate of Existence."	by Foreign Corporation for or "Certificate of Good Star orporation to transact busine	nding" and check are submi			
Please return all correspon	dence concerning this matte	r to the following:			
Peter Keller			202		
	Name of	Person	202 DEC		
M.R. Keller Flooring Inc.					
	Firm/Con	npany	- N		
22128 ROCHESTER AVE			SSEE PH		
	Addr	ess	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
PORT CHARLOTTE, FL 33	952		13.		
mrkellerflooring@commet	City/State a	and Zip code			
	E-mail address: (to be used	for future annual report not	ification)		
For further information co	ncerning this matter, please	call:			
Peter Keller	540 at (353-0773			
Name of Person	Area Coc	le Daytime Telepho	ne Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration See Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	: FLORIDA DEPARTMEN		☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy		

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.

1	.R. Keller Floo	-			
(Er	nter name of co	orporation: must include "INCORPORATED." orp." "Inc." "Co." or "Corp.")	"COMPANY." "CORPORATION."		
	R Keller Floor	-			
(lf	name unavaila	ble in Florida, enter alternate corporate name ac	dopted for the purpose of transacting b	usiness in Florida	F
, Vi	irginia	3 -	17-1398567		
-: <u>-</u>	(FEI number, if applied) (State or country under the law of which it is incorporated)		able)		
07					
4	(Date of incorporation) 5. (Date of duration, if other than perpetual)				_
6. ¹⁰	0/1/2021	•			
	20 DACHEST	(SEE SECTIONS 607.1501 & 607.150	Florida, if prior to registration))2. F.S., to determine penalty liability)	021 DEC	. nijel
7	28 ROCHEST	ER AVE. PORT CHARLOTTE, FL 33952		- 1 - 5	*)
		(Principal offic	e <u>street</u> address)	- PM	
		(Current mailing	address, if different)	1:08	نرور و کا
8. Na	ame and stree	t address of Florida registered agent: (P.O.	Box NOT acceptable)		
	Name:	Peter Kelle:			
Office Address:	22128 ROCHESTER AVE				
	PORT CHARLOTTE	, Florida <u>33952</u>			
		(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.

As DIRECTORS	•			
Chairman	Name: Peter Keller PORT CHARLOTTE, FL 33952	□Chairman	Name:	
□Vice Chairman	Address.	□Vice Chairman	Address:	
□Director	PORT CHARLOTTE, FL 33952	□Director		
President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other	□Other	□Other	<u></u>	□Other
□Chairman	Name:	□Chairman	Name:	1,0
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		2021
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		Treasurer
□Other	□ Other	⊡Other		COOther T
				F
⊡Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President	<u> </u>	
□ Vice President		☐ Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other	□ Other	□Other		□Other
portant (votice)	Use an attachment to report more than six (6). The attale added to the index when filing your Florida Department	ent of State Annual R	eport form.	
12.	Signature of Director of			
	etor signing this document (and who is listed in number			

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 of 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.

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That M.R. Keller Flooring Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on July 18, 2014;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwe Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

November 1, 2021

Bernard J. Logan, Clerk of the Commission