# F-220000000/41

(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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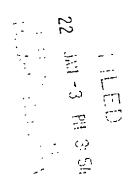


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T. LEMIEUX

JAN - 6 2022

### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: PLAYA PERFECTION, 1	NC.			
		must include suffix		
Dear Sir or Madam:				
The enclosed "Application by Foreign "Certificate of Existence," or "Certificate above referenced foreign corporation to	ate of Good Standii	ng" and check are subn	t Business in Florida." nitted to register the	
Please return all correspondence conce	rning this matter to	the following:		
BECKY CONRON				
	Name of Pe	rson		
PLAYA PERFECTION, INC.				
	Firm/Compa	ny		
4567 BAY CLUB DRIVE #28				
	Address			
BRADENTON, FL 34210				
-	City/State and	Zip code		
beckyconron@fsinorth.com				
E-mail addr	ess: (to be used for	future annual report no	otification)	
For further information concerning this	matter, please call	:		
JUSTIN COX. CPA	at ( <sup>863</sup>	866-0895		
Name of Person	Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314	
Enclosed is a check for the following a Please make check payable to: FLORIDA  \$70.00 Filing Fee  \$78.75 Fi  Certificat	DEPARTMENT O	F STATE 178.75 Filing Fee & Certified Copy	☐ \$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. PLAYA PERFE		COMMANS' " "CORDOD VITOS!"		
	orporation; must include "INCORPORATED." * orp." "Inc." "Co." or "Corp.")	COMPANY. CORPORATION.		
(If name unavaila	ble in Florida, enter alternate corporate name ad	opted for the purpose of transacting l	ousiness in Florida)	
2. (State or country	$3. \frac{2}{2}$ under the law of which it is incorporated)	(FEI number, if appli	icable)	
4. (Date	of incorporation)	(Date of duration, if other than perpetual)		
	,			
6	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150	lorida, if prior to registration)  2. F.S., to determine penalty liability	)	•
5686 Youngquist	Road, Unit 114 Fort Myers, FL 33912			
/		: street address)		-
4567 BAY CLUI	3 DRIVE #28 BRADENTON, FL 34210			
	(Current mailing	address, if different)	•	
8. Name and stree	at address of Florida registered agent: (P.O.	Box NOT acceptable)	ro ro	
Name:	BECKY CONRON	_ <del>_</del>	r J	
0.00	4567 BAY CLUB DRIVE #28			
Office Address:	DO A DENITOR:	3.4210	. 5	, -
		, Florida 34210 (Zip code)	·	- 1
	(City)	(Zip code)	. <u>.</u>	
9. Registered age	ent's acceptance:		:13	,
designated in this further agree to c	ned as registered agent and to accept service application. I hereby accept the appointment omply with the provisions of all statutes receive with and accept the obligations of my positions.	ent as registered agent and agree lative to the proper and complete	r to act in this capa	icny, i
_	Bucky L. Co- (Registered agent's sig	neture)	_	

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 GRAHAM A. CONRON BECKY CONRON ☐ Chairman □ Chairman □Vice Chairman Address: \_\_\_ ☐ Vice Chairman Address: \_\_\_ 10467 CORKSCREW COMMONS DR. 4567 BAY CLUB DRIVE #28 Director □ Director APT# 202 BRADENTON, FL 34210 President □President ESTERO, FL 33928 ■ Vice President ☐ Vice President □ Secretary ☐ Treasurer □ Treasurer ■ Secretary □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ MARK CONRON □ Chairman Name: □ Chairman Name: □Vice Chairman Address: \_\_\_\_ □ Vice Chairman Address: 4567 BAY CLUB DRIVE #28 □ Director □Director BRADENTON, FL 34210 □President □President □Vice President \_\_\_\_\_ □Vice President □ Secretary □Treasurer □ Secretary □ Treasurer CEO ☐Other □Other \_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ □Chairman □Chairman Name: Name: □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □Director □ President □President □ Vice President \_\_\_\_\_ □ Vice President □ Secretary □ Treasurer □ Secretary □ Treasurer □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. 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 or 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.

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

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PLAYA PERFECTION, INC., an Ohio corporation, Charter No. 1437504, having its principal location in Berea, County of Carroll, was incorporated on February 2, 2004 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of December, A.D. 2021.

**Ohio Secretary of State** 

Validation Number: 202134105202