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(Re	questor's Name)	
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	y/State/Zip/Phone #)
PICK-UP		MAIL
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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S. FRANKLIN

MAR 1 9 2022

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Advanced Lumber Supply, Inc.

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:

Jason Miller Name of Person **CDA** Accounting Firm/Company 2900 N Government Way #150 Address 02 Coeur d'Alene, ID 83815 City/State and Zip code jason@accountingcoop.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (208 <u>415-1850</u> Area Code Day Jason Miller Davtime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: **Registration Section Registration Section** Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE □ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & **8** \$87.50 Filing Fee. Certificate of Status Certified Copy 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.

Advanced Lumber Supply, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")

(If name unavaila	able in Florida, enter alternate corporate name		
Idaho	3.	81-1857267	
(State or countr	y under the law of which it is incorporated)	3. 81-1857267 (FEI number, if applicable)	
3/8/2016			
(Date	of incorporation) 5.	(Date of duration, if othe	r than perpetual)
	(Date first transacted business i (SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 502, F.S., to determine penalty liab	ility)
9323 N Governm	ent Way Suite 46. Hayden, ID 83835		
······	(Principal of)	lice street address)	r
			20
	(Current maili	ng address, if different)	2027 F
			FEB
. Name and <u>stree</u>	et address of Florida registered agent: (P.)	O. Box <u>NOT</u> acceptable)	- 2 - F
Name:	Registered Agents Inc.		
Office Address:	7901 4th St N STE 300		PH 1: 02
	St. Petersburg	, Florida ³³⁷⁰²	
	(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.



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	Jess Abell Name:	□Chairman	Name:	
□Vice Chairman	9323 N Government Way	□Vice Chairman	Address:	
Director	Suite 46	Director		
President	Hayden, ID 83835	□President		
□Vice President		□Vice President	<u>-</u>	
Secretary	□Treasurer	Secretary		Treasurer
□Other	Other	Other	<u> </u>	Other
🗆 Chairman	Name:	□Chairman	Name:	
DVice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
President		□President	<u> </u>	
□Vice President		□Vice President		
Secretary	Treasurer	Secretary		□Treasurer
Other	Other	□Other		[] Other
	Managa	- Chairman	Name:	2022 FE
□Chairman	Name:	□Chairman		N Compared to the second secon
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
□President		□President		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
□Vice President		□ Vice President		<u>.</u>
Secretary	Treasurer	Secretary		Treasurer
□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 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 \$.817.155, F.S.

13. _____Abell - President

			Boise, ID 8372
February 17, 2	2022		
Request #: (Certificate of Existence/Filing 0004615340 000616638	Issuance Dat Copies Requ	e: 02/17/2022 ested: 0
Regarding: Filing Type:	ADVANCED LUMBER SUPPLY, INC. General Business Corporation (D)	File # :	626376
Formation/Qualif Status: Duration Term:	ication Date: 03/08/2016 Active-Good Standing Perpetual	Formation Loca Inactive Date:	ale: IDAHO

I, Lawerence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

ADVANCED LUMBER SUPPLY, INC.

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

Lawerence Denney

Idaho Secretary of State

Processed By: Business Division

Verification #: 016480630



STATE OF IDAHO

Lawerence Denney | Secretary of State **Business Office** 450 North 4th Street PO Box 83720 0

Certificate of Existence

