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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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APR 0 9 2022 S. FRANKLIN

COVER LETTER

TO:	Registration Section Division of Corpora					
SURJ	ECT:		ACL Plumbi	ing, Inc.		
оов		Name of corpora				
Dear S	Sir or Madam:					
"Certi	ficate of Existence," of	by Foreign Corporation or "Certificate of Good orporation to transact but	Standing" a	nd check are subm	Business in Flo nitted to register	orida," r the
Please	return all correspond	ence concerning this m	atter to the	following:		
			Taber Jr. e of Person			-
		Contractor	Licensing I	nc		
		Firm	Company			
		P.O.	Box 2122			
			Address			
			and, FL 341			
		City/St	ate and Zip	code		2022 H.R 16
<u>david@</u>	a)contractorlicensingin	i <mark>c.com</mark> E-mail address: (to be u	wad for futu	ra onnual raport no	visication)	<u> </u>
	ı	z-man address. (to oc u	scu for rutu	re annuai report ne	Ameadony	-
For fu	rther information con	cerning this matter, ple	ase call:			PH
					•	1 1: 42
	David L. Taber J Name of Person		39) 394 Code	-2300 Daytime Teleph	one Number ,	- 42
	STREET/COURING Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	n ations hassec reet, Suite 810		MAILING AE Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction rporations	
Please	sed is a check for the make check payable to: 0.00 Filing Fec	FLORIDA DEPARTM	□ \$78.7	ATE 5 Filing Fee & fied Copy	S87.50 Fil Certificate Certified	e of Status &

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. ACL Plumbing, Inc.								
	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION." "Inc.," "Co.," "Corp.," "Inc.," "Co.," "Corp.," "Inc.," "Co.," "Corp.," "Inc.," "Co.," "Corp.," "Inc.," "Corp.," "Corp.," "Inc.," "Corp.," "Corp.," "Inc.," "Corp.," "Corp.,							
(If name and a	railable in Florida, enter alternate corporate na	me ador	and for the purpose of transacting	business in Florida)				
								
2. Michigan		3. <u>32-</u> 6	32-0349293					
(State or cou	3. 32-0349293 (FEI number, if applicable)							
4. July 21, 2011	rate of incorporation)	5						
(Date of incorporation)			(Date of duration, if other than perpetual)					
6.								
	(Date first transacted busines			A				
	(SEE SECTIONS 607.1501 & 60	7.1302,	r.S., to determine penalty hability	7				
7.6204 Broadbr	idge Road, Cottrellville, MI 48039							
	(Principal	office <u>st</u>	reet address)					
	(Current ma	ailing ad	dress, if different)	207				
				2				
8. Name and st	reet address of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	2022 HAR 16 PH 1: 42				
Name:	Contractor Licensing Inc.			. 6				
ryame.	Contractor Licensing rac.		_	PH				
Office Address	601 E. Elkeam Circle, Unit B1		-	The second second				
	Marco Island		. Florida <u>34145</u>	F. 2				
	(City)		(Zip code)	•				

9. Registered agent's acceptance:

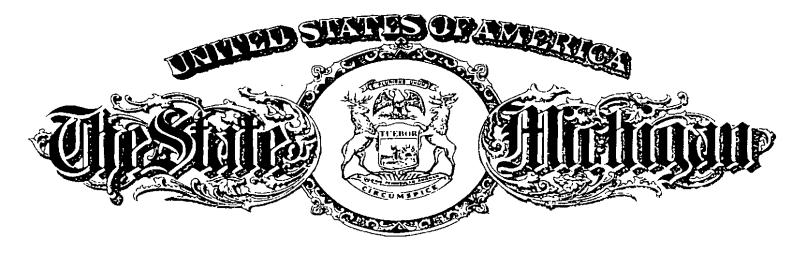
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative 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 Name: ______ □ Chairman □ Chairman Name: Cory D. Ames Address: □ Vice Chairman Address: 6204 Broadbridge Road □ Vice Chairman Cottrellville, MI 48039 □ Director Director □ President President □Vice President □Vice President □Treasurer □ Secretary Treasurer Secretary □Other _____ □Other ______ □Other __ ____ Other ____ Name: Name: □Chairman ∐Chairman Address: _____ ☐ Vice Chairman □Vice Chairman Address: Director Director □ President □President □Vice President ____ □Treasurer □ Secretary ☐ Treasurer □ Secretary Other _____ □Other _____ □Other _____ □Other _____ □ Chairman Name: □Chairman Address: ____ □Vice Chairman Address: □Vice Chairman □ Director Director President. □ President □Vice President □Vice President ☐ Secretary □ Treasurer ☐ Treasurer ☐Secretary □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. 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.

13. Cory D. Ames, President



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

ACL PLUMBING, INC

was validly incorporated on July 21, 2011 as a Michigan DOMESTIC PROFIT CORPORATION, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

COTON AND REGULATION AS A COMMERCIAL LIFE OF THE SECOND OF

Sent by electronic transmission

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 7th day of March, 2022.

Certificate Number: 22030214505