F2200003312

(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:
1

Office Use Only



900388337619

DIVISION CONFORMIONS TALLAHASSEE, FLORIDA

RECEIVED

MAY 25 2022 K. Brumbley

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 05/25/22

NAME: GLENEAGLES HOMES INC

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

			COVERT					
то:		tration Sectio						
		•						
SUBJ	ECT:	GLENEAGL	ES HOMES					
		Name of corporation - must include suffix						
Dear S	Sir or M	adam:						
"Certi	ficate of	f Existence,"	by Foreign Corporation for or "Certificate of Good State orporation to transact busing	nding" and che	to Transac ck are sub	et Business in Florida," mitted to register the		
Please	return	all correspond	lence concerning this matte	r to the followi	ing:			
		REGOR						
			Name of	Person				
CI II I	MANIN.	(.CDECOB &		1 0.0011				
SULL	VANN	cGREGOR &						
			Firm/Con	npany				
5200 h	N. PALN	(AVE., STE.	104					
			Add	ress				
FRESI	NO CA	93704						
			City/State	and Zip code		_		
:		مم سيمالي	•	and Elp code				
luickie	gor@an	ndlawgroup.co	E-mail address: (to be used	for future anni	ual report r	notification)		
			E-man audress. (to be used	ior idiate and	aa report			
For fu	rther in	formation cor	cerning this matter, please	call:				
JOHN	J. McG	REGOR	559 at (753-2802				
	Nam	e of Person	Area Co	753-2802 de Dayı	time Telep	hone Number		
	STREET/COURIER ADDRESS:		M.	MAILING ADDRESS:				
Registration Section			Reg	Registration Section				
Division of Corporations The Centre of Tallahassee				Division of Corporations P.O. Box 6327				
			P.C					
			treet, Suite 810	Tal	Tallahassee, FL 32314			
	Talla	hassee, FL 33	2303					
Enclos	sed is a	check for the	following amount: : FLORIDA DEPARTMEN	T OF STATE				
			\$78.75 Filing Fee &	☐ \$78.75 Filir	ig Fee &	☐ \$87.50 Filing Fee,		
— •/	J.UU I II		Certificate of Status	Certified C	-	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.

GLENEAGLES				
(Enter name of co	rporation; must include "INCORPORATED, srp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
GLENEAGLES H				
(If name unavails	ble in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
2. CALIFORNIA	3.	20-1226999 (FFI number if applicable)		
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)		
4APRIL 8, 2004	5.			
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6. AUGUST 1, 202	21			
·	(Date first transacted business i	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
, 11861 N. ALICA	NTE DRIVE, FRESNO, CALIFORNIA 937.			
/	(Principal off	ice street address)		
·	(Current maili	ng address, if different)		
8. Name and stree	t address of Florida registered agent: (P.	O. Box NOT acceptable)		
Name:	TISHA E. McDONALD			
Office Address:	92 TIDY ISLAND BLVD.			
	BRADENTON	, Florida 34210 (Zip code)		
	(City)	(Zip code)		
designated in this further agree to c	ed as registered agent and to accept serv application. I hereby accept the appoint	ice of process for the above stated corporation at the place ment as registered agent and agree to act in this capacity. I relative to the proper and complete performance of my duties osition as registered agent.		
	Tahu E. M. Co	.1		
_	(Registered agent's	signaturė)		
10. Attached is a	certificate of existence duly authenticated	, not more than 90 days prior to delivery of this application to		

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

	1			
Chairman Chairman	Name:	□ Chairman □ Vice Chairman	Name: BEVERLY A. McDONALD Address: 11861 N. ALICANTE DRIVE	
□Vice Chairman	Address: 11861 N. ALICANTE DRIVE			
Director	FRESNO CA 93730	Director	FRESNO CA 93730	
□President		□President		
□Vice President		□ Vice President		
Secretary	W Treasurer	☐ Secretary	☐ Treasurer	
□ Other		□ Other	🗀 Other	
DChairman	Name: STEVEN F. HERTEL	□ Chairmon	Name: BRIAN HERTEL	
JVice Chairman	11881 N. ALICANTE DRIVE	□ Vice Chairman	Address: 11861 N. ALICANTE DRIVE	
Director	FRESNO CA 93730	Director	FRESNO CA 93730	
President		□ President		
OVice President		El Vice President		
Secretary	☐Treasurer	☐ Secretary	□Treasurer	
Other		□0ther	Other	
.	Name: TISHA E. McDONALD	50 t		
Chairman	Address: 92 TIDY ISLAND BLVD.	□ Chairman	Name:	
]Vi∞ Chairman	Address:BRADENTON FL 34210	□Vice Chairman	Address:	
Director		□Director		
President		☐ President		
Vico President		☐Vice President		
	☐Treasurer	☐ Secretary	☐ Treasurer	
Secretary				

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



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name:

GLENEAGLES HOMES

Entity No.:

2637154

Registration Date: 04/08/2004

Entity Type:

Stock Corporation - CA - General

Formed In:

CALIFORNIA

Status:

Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and afflx the Great Seal of the State of California this day of May 02, 2022.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 008221723

To verify the Issuance of this Certificate, use the Certificate No. above with the Secretary of State Poerch quallable at histileOnline see ca dov