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S. FRANKLIN
JUN 1 3 2022

COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	Great Lakes Retirement, Inc	e.		
		e of corporation	- must include suffix	
Dear Sir or M	ladam:			
"Certificate o	"Application by Foreign C f Existence," or "Certificat ced foreign corporation to	te of Good Stan	ding" and check are subm	Business in Florida," aitted to register the
Please return	all correspondence concern	ning this matter	to the following:	
William Smith	1			
		Name of I	Person	
Great Lakes R	etirement, Inc.			2622 H. T. 25 PH. T. 17
		Firm/Com	pany	
4604 Timber C	Commons Dr.			25
	- · -	Addre	SS	PH
Sandusky, Ohi	0 44870			ستر است بر
		City/State ar	id Zip code	
bill@wasmitht		· · · · · · · · · · · · · · · · · · ·		
	n-man addre	ss: (to be used to	or future annual report no	tification)
For further in	formation concerning this	matter, please c	all:	
Lisa Timko		419	626-8600	
Name	e of Person	at (419 Area Code	Daytime Telepho	one Number
Regis Divisi The C 2415	EET/COURIER ADDREST tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 81 nassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
	check for the following am eck payable to: FLORIDA E ng Fee	DEPARTMENT ing Fee &	OF STATE \$78.75 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.

	able in riorida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)		
Ohio		45-0588768		
	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. <u>04/21/2008</u>	5,	(Date of duration, if other than perpetual)		
	of incorporation)	(Date of duration, if other than perpetual)		
Estimated busings.	ess start date: June, 2022			
	(Date first transacted business i	n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
, 1515 Ringling Bl	vd., Suite 310. Sarasota, FL 34236	•		
/	_ _	ice street address)		
	(Trincipal off	ice street address) Reg address, if different)		
-	(Current mailir	ng address, if different)		
		(I)		
3. Name and <u>stree</u>	et address of Florida registered agent: (P.C	D. Box NOT acceptable)		
Name:	William Allen Smith	D. Box NOT acceptable)		
	1515 Dingling Dly I. Cair 210			
Office Address:				
	Sarasota	Florida 34236 (Zip code)		
	(City)	(Zin and)		

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	Name: William Allen Smith	□Chairman	Name:	-
□Vice Chairman	Address:1515 Ringling Blvd., Suite 310	□Vice Chairman	Address:	
□Director	Sarasota, F1, 34236	□Director		
President		□President	_	
□Vice President		□Vice President		
■ Secretary	☐Treasurer	□ Secretary		□Treasurer
Other CEO	Other	□Other		□Other
□Chairman	Name:	□Chairman	Name;	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director	_	
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary		□Treasur (C)
□Other		□Other	<u>-</u>	□TreasureB 125 □Other
				25
□Chairman	Name:		Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director	·	
□President		□President		
□ Vice President		□Vice President		
☐ Secretary	☐Treasurer	□ Secretary		□Treasurer
□Other		□Other	<u></u>	□Other
individ uals rous be	Ise an attachment to report more than six (4). The a added to the index when tiling your Florida Depart Signature of Director signing this document (and who is listed in numerous signing this document).	nment of State Annual Rej	ort form,	

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.817.455, F.S.

William Allen Smith

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 GREAT LAKES RETIREMENT, INC., an Ohio corporation, Charter No. 1765015, having its principal location in Sandusky, County of Erie, was incorporated on March 10, 2008 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 18th day of May, A.D. 2022.

L John

Ohio Secretary of State

Validation Number: 202213802148