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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LICENSES ETC INC Account Number : I20070000159 Phone : (239)777-1028 Fax Number : (877)275-3593

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

SUPPORT@LICENSESETC.COM Email Address:___

FOREIGN PROFIT/NONPROFIT CORPORATION JAMES FLETCHER CONSTRUCTION INC

Certificate of Status	1
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SEP 2 U 2022

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COVER LETTER

TO: Registration Section Division of Corpo				
SUBJECT: JAMES FLE	TCHER COSNTRUCTION I	NC:		
<u></u>	Name of corporation	on - must include suffix		
Dear Sir or Madam:				
"Certificate of Existence,"	by Foreign Corporation fo or "Certificate of Good Sta orporation to transact busin	inding" and check are subr		
Please return all correspon	dence concerning this matt	er to the following:		
LISA ADAMS				
	Name o	f Person		
LICENSES, ETC.				
	Firm/Co	mpany		
27911 CROWN LAKE BLV	D., SUITE #211			
	Add	ress		
BONITA SPRINGS, FL 341	35			
	City/State	and Zip code	· ,	
SUPPORT@LICENSESETO	COM			
	E-mail address; (to be used	for future annual report no	otification)	
For further information cor	ncerning this matter, please	call:		
LISA ADAMS	239	239 777-1028		
Name of Person	Area Co	de 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		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ction rporations	
	: FLORIDA DEPARTMEN	T OF STATE □ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy	

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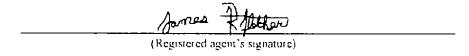
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.	THER CONSTRUCTION INC				
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATI orp," "Inc," "Co," or "Corp.")	ED," "	COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate na	me ado	pted for the purpose of transacting business	in Florida)	
2. CALIFORNIA			03-0589374		
(State or count	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 03/22/2006		5.			
(Date of incorporation)			(Date of duration, if other than perpetual)		
5.					
7. <u>1754 HWY 177</u> 7.	A. BONIFAY, FL 32425	7.1502	F.S., to determine penalty liability)		
	(Principal NSYLVANIA AVE., BONIFAY, FL 3242	5	treet address)		
312 WEST PEN 3. Name and street	(Principal NSYLVANIA AVE., BONIFAY, FL 3242	5 uling a	ddress, if different)	2022 SEP 19	
312 WEST PEN 3. Name and street Name:	(Principal NSYLVANIA AVE., BONIFAY, FL 3242 (Current mo et address of Florida registered agent: (5 uling a P.O. E	ddress, if different)		
312 WEST PEN 8. Name and street	(Principal NSYLVANIA AVE., BONIFAY, FL 3242 (Current mo et address of Florida registered agent: (JAMES FLETCHER 312 WEST PENNSYLVANIA AVENU	5 uling a P.O. E	ddress, if different)	2022 SEP 19 At 10: 26	

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.

s.817.155, F.S

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⊡Chairman	Name: _	James Fletcher	□ Chairman	Name:	
□Vice Chairman	Address	312 West Pennsylvania Ave.	□Vice Chairman	Address	
∐Director	Bonifa	y, FL 32425	Director		
∐President			President		
□Vice President			TVice President		
∐Secretary		TiTreasurer	DSecretary		Treasurer
XIOther <u>CEO</u>		10ther	∃Other		
⊔Chairman	Name		II Chairman	Name.	····
OVice Chairman	Address		"IVice Chairman	Address:	
Director			□Director		
□President			□President		
□Vice President			TVice President		
□Secretary		☐Treasurer	DSecretary		∃Treasurer
□Other		ZlOther	.⊒Other]]Other
∐Chairman	Name		IIChairman	Name.	
□Vice Chairman	Address:		□Vice Chairman	Address:	
UDirector			Director		
GP resident			⁻ lPresidem		
OVice President			TVice President		
Disecretary		IlTreasurer	□Secretary		Titreasurer
∃Other	-	□Other	□Orher		□Other
mportant Notice. I	lse an attac	hment to report more than six (6). The arra	achment will be imaged	for reporting	purposes only Non-indexed
		e index when filing your Florida Departm James Hilliam Signature of Director			

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Fram: Licenses Etc.



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

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 affix the Great Seal of the State of California this day of September 19, 2022.

SHIRLEY N. WEBER, PH.D. Secretary of State

Certificate No.: 045951534

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.