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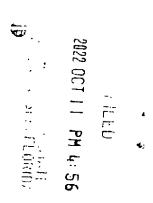
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: L. Woodard Enterprises, INC.			
	poration - mu	st include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corpora "Certificate of Existence," or "Certificate of Gabove referenced foreign corporation to transaction to transact	ood Standing	and check are submi	Business in Florida." tted to register the
Please return all correspondence concerning th	is matter to th	e following:	
Lloyd Woodard			
1	Name of Perso	n	
D.B.A. Classy Coins Company			
F	irm/Company		
12 Seatrout Street			
	Address		
Ponte Vedra Beach, Fl. 32080			
Cit	y/State and Z	p code	
lhwoodard@verizon.net			
E-mail address: (to	be used for fi	ture annual report not	ification)
For further information concerning this matter	, please call:		
Lloyd Woodard	)72 8	834-2108	
	Area Code	Daytime Telepho	ne Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAI  \$70.00 Filing Fee  Certificate of Sta	RTMENT OF e & □ \$7	STATE 8.75 Filing Fee & rtified Copy	☐ S87.50 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.

L. Woodard Ent L	erprises, INC.					
	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp,")	"COMPANY," "CORPORATIO	","AC			_
(If name unavail	able in Florida, enter alternate corporate name ad	opted for the purpose of transact	ing busir	ness in F	lorida)	_
Texas	3					
(State or count)	y under the law of which it is incorporated)	(FEI number, if a	applicabl	le)		_
July 3, 2007	5					
(Date	of incorporation)	(Date of duration, if other than perpetual)				
None	·		'	•		
Same	t, Ponte Vedra Beach, Fl. 32082 (Principal office	street address)				_
	(Current mailing	address, if different)	<del></del> _			-
8. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Lisa Woodard	Box <u>NOT</u> acceptable)	<b>2</b>	٠.	2022 OCT 11	-7
Office Address:	12 Scatrout Ste			· :	-	יין ויין רייט
	Ponte Vedra Beach	, Florida 32082			PM 4:	_
	(City)	(Zip code)		图图	÷. ∽	
				€.T	9	

#### 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 Lloyd Woodard Lisa Woodard ☐ Chairman □Chairman 12 Seatrout Street 12 Scatrout Street ☐Vice Chairman Address: □Vice Chairman Address: Ponte Vedra Beach, Fl. 32082 Ponte Vedra Beach, Fl. 32082 □ Director □ Director President □President □Vice President \_\_\_\_\_ ■ Vice President □ Secretary □Treasurer □ Secretary □Treasurer Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_ □Other \_\_\_\_\_ □Chairman Name: \_\_\_\_\_ □Chairman Name: \_\_\_\_\_ □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □President □ President □Vice President \_ ☐ Vice President □ Secretary □Treasurer □Secretary □Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman Name: \_\_\_\_\_ □ Chairman Name: □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman Address: □Director □ Director □President □President □Vice President \_ □Vice President ☐ Secretary □Treasurer □Secretary ☐ Treasurer □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 pray be added to the index when filing your Florida Department of State Annual Report form. U Jaers do

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.

Signature of Director or Officer

Lloyd Woodard, Owner & President

John B. Scott Secretary of State

Corporations Section P.O Box 13697 Austin, Texas 78711-3697



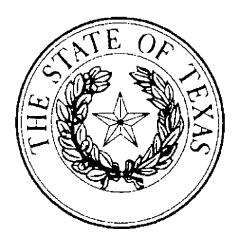
## Office of the Secretary of State

#### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for L. Woodard Enterprises, Inc. (file number 800838799), a Domestic For-Profit Corporation, was filed in this office on July 03, 2007.

It is further certified that the entity status in Texas is in existence

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 26, 2022



Phone: (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services TID, 10264 Document: 1180561310003