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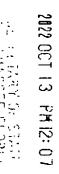
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M. SOLOMON

#### COVER LETTER

	gistration Section vision of Corporations				
SUBJEC'	Coast to Coast Exteriors Inc	2		_	
00000		of corporation	- must include suffix		
Dear Sir or	Madam:				
"Certificate	ed "Application by Foreign C e of Existence," or "Certificat renced foreign corporation to	e of Good Stanc	ling" and check are sub	et Business in Flo mitted to register	rida," the
Please retu	rn all correspondence concert	ning this matter	to the following:		
Linda Bade	r	_			
		Name of F	Person		
Coast to Co	ast Exteriors Inc				
		Firm/Comp	pany	-	
3458 Lakes	hore Drive				<u>~</u> ;
Tallahassee	. Florida 32312	Addre	SS		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
tarick@stst	axservice.com	City/State an	nd Zip code		18 (18 (18 (18 (18 (18 (18 (18 (18 (18 (
		ss: (to be used fo	or future annual report r	notification)	<del>- 3</del> 2 \( \frac{1}{2} \)
For further	information concerning this	matter, please ca	all:		
Linda Bade	r	708 at (	845-0888	<u> </u>	_
N	ame of Person	Area Code	Daytime Telep	hone Number	
Re Di Th 24	REET/COURIER ADDRE gistration Section vision of Corporations the Centre of Tallahassee 15 N. Monroe Street, Suite 8 Ilahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	
	s a check for the following are check payable to: FLORIDA 1 Filing Fee	DEPARTMENT ing Fee & □	OF STATE \$78.75 Filing Fee & Certified Copy	S87.50 Fili Certificate Certified C	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.

	orporation; must include "INCORPORATEI orp," "Inc," "Co," or "Corp.")	," "COMPANY, "CORPORATION,	
Coast to Coast E	exteriors FL, Inc.		
(If name unavaila	able in Florida, enter alternate corporate nam	e adopted for the purpose of transacting business in Flo	rida)
2. Indiana	Indiana 88-2158368		
	y under the law of which it is incorporated)	orporated) (FEI number, if applicable)	
5/5/2022 4.	5	Perpetual 5.	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
When application	n is processed and accepted.		
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
, 8458 Lakeshore I	Orive, Tallahassee, Florida 32312	, 502, 7.8 to determine penalty macros,	
/·	(Principal o	Tice street address)	
3527 Ridge Road	l, Highland, Indiana 46322		
	(Current mai	ing address, if different)	2022 OCT 1
3. Name and stree	et address of Florida registered agent: (P	O. Box NOT acceptable)	
Name:	Linda Bader		T 13 PH 12: 0
Office Address:	3458 Lakeshore Drive	· · · · · · · · · · · · · · · · · · ·	PH 12: 07
	Tallahassee	, Florida <u>32312</u>	1
	(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	Linda Dados		Linda Ba	dor	
□Chairman	Name:	□Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
Director	3527 Ridge Rd	Director	3527 Ridge Rd		
President	Highland, IN 46322	□President	Highland, IN 46322		
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer	
Other	Other	Other		□ Other	
□ Chairman	Linda Bader Name:	□Chairman	Name:		
□Vice Chairman		□Vice Chairman	Address:		
□Director	3527 Ridge Rd	□Director			
□President	Highland, IN 46322	□President			
■Vice President		□Vice President			
Secretary	□Treasurer	Secretary		□Treasurer 22	
Other	Other	Other		Other	
	N.	[]Chairman	Nama		
□Chairman	Name:	□ Chairman	Name:	*46 = 10°	
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□Vice President		□Vice President	·		
□Secretary	□Treasurer	□Secretary		□Treasurer	
Other	Other	Other		Other	
Important Notice: individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department of Director o	nt of State Annual R	eport form.		
The officer or dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in number alse information submitted in a document to the Depart	11 above) affirms the third of State constitution	hut the facts stated utes a third degree	herein are true and that he or felony as provided for in	
13. Linda Bade	r / President				
	con the second and th	iia1ii	-1		

# State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

### COAST TO COAST EXTÉRIORS INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on May 05, 2022, and was in existence or authorized to transact business in the State of Indiana on September 23, 2022.

I further certify this Domestic For-Profit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes; interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 23, 2022

eli Sullian

HOLLI SULLIVAN
SECRETARY OF STATE

202205051590027 / 20222785632

All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on October 23, 2022.