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K. SALY DEC - 2 2022

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	WARM	Home	INC
		Name of corpora	ation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Doseph CAAD	Name of Person	
	Firm/Company	
PO, BOX 1057	Address	
GONZALES LA.	70707 City/State and Zip code	
WARMhome 929	address: (to be used for future annual report notification)	<u></u>

For further information concerning this matter, please call:

کود	Name of Person	t (<u>929</u>) <u>2</u> Area Code	45 4918 Daytime Telephone Number	_
	STREET/COURIER ADDRESS	:	MAILING ADDRESS:	

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & S70.00 Filing Fee Certified Copy Certificate of Status

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, I 503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

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1.	(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"	
	"Inc.," "Co.," "Corp." "Inc," "Co," or "Corp.")	
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	
2.		
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	09/09/2015 5. Perpetual	
	(Date of incorporation) (Date of duration, if other than perpetual)	
6.		
	(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
7	1222 W_PRNN_ GONZALES LA 70737 (Principal office street address)	
	POROXIOST GONZALES LA 70737	
	(Current mailing address, if different)	T
6	. Name and street address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	-
<i>.</i>		m
	Name: Josuph SAADe	T
0	Name: Jos-uph SAADe Diffice Address: <u>413 Palm PL</u>	
	Haines City Florida 33844	
	(City) (Zip code)	

9. Registered agent's acceptance:

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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.

•	•		
А.	DIR	ECTOR	s

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□Chairman	Name: Joseph SAADe	□Chairman Name:	
⊡Vice Chairman	Address: POBOX	DVice Chairman Address:	
Director	1057 GONZALES	Director	<u>. </u>
2-President	_LA 70707	DPresident	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	□Treasurer
Dther	Other	[]Other	□Other
□Chairman	Name:	DChairman Name:	<u></u>
DVice Chairman	Address:	□Vice Chairman → Address:	The second secon
Director		Director	
□President		President	
□Vice President		□Vice President	
Secretary	Treasurer	Secretary	
DOther	Other	00ther	Other
⊡Chairman	Name:	Chairman Name:	
⊒Viee Chaiπnan	Address:	□Vice Chairman Address:	
Director		Director	
□President		President	
DVice President	<u></u>	Vice President	
Secretary	Treasurer	Secretary	□Treasurer
🗇 Other	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 may be added to the index when filing your Florida Department of State Annual Report form.

12.

Signature of Director or Officer

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.

Description SAADe. (Typed or printed name and capacity of person signing application) 13. ____

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ. Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:WARM HOME INCDOS ID Number:4817117Entity Type:DOMESTIC BUSINESS CORPORATIONEntity Status:EXISTINGDate of Initial Filing with DOS:09/09/2015Statement Status:CURRENTStatement Due Date:09/30/2023

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No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 02, 2022 at 11:08 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Heylas

By Brendan C. Hughes Executive Deputy Secretary of State

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