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(Re	equestor's Name)			
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M. SOLOMON

COVER LETTER

	on Section of Corporations	
SUBJECT:	Precision ton	re Builders
	Name of corporation	ı - must include suffix
Dear Sir or Madar	m; _	
"Certificate of Exi	plication by Foreign Corporation for stence," or "Certificate of Good Stan foreign corporation to transact busine	iding" and check are submitted to reg
Please return all co	prrespondence concerning this matter	to the following:
Prec	ision Home &	
59	1 Boundary	
Ph	stonda West I	33941
lar	City/State a City/State a E-mail address: (to be used f	or future annual report notification)
For further information	ation concerning this matter, please c	all:
Laras	Julien at 614	<u> (619-3630</u>
Name of I	Person Area Code	Daytime Telephone Numbe
Registration o	COURIER ADDRESS: on Section f Corporations e of Tallahassee	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
	onroe Street, Suite 810 e, FL 32303	Tallahassee, FL 32314
	k for the following amount:	O.P. cm., ma
□ \$70.00 Filing F	ayable to: FLORIDA DEPARTMENT ce □ \$78.75 Filing Fee & □ Certificate of Status	OF STATE 3 \$78.75 Filing Fee & S87.50 Certified Copy Certifi Certified

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. Precision	home Builders, inc.		
(Enter name of "Inc.," "Co.," "C	corporation; must include "INCORPORATED," "C Porp," "Inc," "Co," or "Corp.")	OMPANY," "CORPORATION,"	
The	Modd Guys Inc		-
(If name unavail	lable in Florida, enter alternate corporate name adop	·	ss in Florida)
2. OM	3	30-0163776 (FEI number, if applicable)	
(State or count	16/ 10/12	(1 El flumber, il applicame)	1
4. CDate	of incorporation) 5.	(Date of duration, if other than perp	petual)
6			
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,		
7. 33	19 Porthush Dr	Williard Ohi	043016
100 -	(Principal office st	reet address)	· · · · · · · · · · · · · · · · · · ·
1970	0 Binhwoods D	L Grand Have	n, 111 444
	(Current mailing ad	dress, if different)	
8. Name and stree	t address of Florida registered agent: (P.O. Bo	x NOT acceptable)	
Name:	Northwest Registered Agent LLC		2022
Office Address:	7901 4th St N STE 300	•	030 030
011100 11000 033.	St. Petersburg	, Florida 33702	
	(City)	(Zip code)	
9. Registered age	nt's acceptance:		
Having been name	ed as registered agent and to accept service of	process for the above stated corpore	ation at the place.
designated in this control of the co	application, I hereby accept the appointment omply with the provisions of all statutes relati	as registered agent and agree to act we to the proper and complete perfor	mance of my duties,
and I am familiar	with and accept the obligations of my position	as registered agent.	
_			
	(Registered agent's signatu		
	(Registered agent's signatu	rc)	
10. Attached is a co	ertificate of existence duly authenticated, not a	nore than 90 days prior to delivery of	f this application to

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS						
Chairman	Name: Timothy Julien,	□ Chairman	Name:			
□Vice Chairman	Address: 12900 Binhuxxxx5	□Vice Chairman	Address:			
Director	Grand Haven, ML Hard	Director				
President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	Secretary				
Other	□Other	Other				
□Chairman □Vice Chairman	Name: Lara Julien Address: 597 Boundary Blue	□Chairman	Name:			
Director	- HUTONOO W85+, L/ 339	Director				
□President		☐ President	0220			
Vice President		□Vice President	DEC 13			
□Secretary	□Treasurer	□ Secretary				
Other	Other	Other	<u> ဆိုင်</u> ထဲ 🗅 🕴			
			24			
□ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	☐ Vice Chairman	Address:			
Director		□Director				
□President		□President				
□Vice President		☐ Vice President				
□Secretary	☐Treasurer	Secretary	□.			
□Other	Other	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purpos individuals may be added to the index when filing your Florida Department of State Annual Report form.						
12.	Signature of Director or	Officer July	ll			
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated here she is aware that false information submitted in a document to the Department of State constitutes a third degree fele s.817.155, F.S.						
(Typed or printed name and capacity of person signing application)						
	(Typed or printed name and capacity of person signing application)					

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 PRECISION HOME BUILDERS INC., an Ohio corporation, Charter No. 1414014, having its principal location in Hilliard, County of Franklin, was incorporated on September 29, 2003 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 13th day of December, A.D. 2022.

Ohio Secretary of State

Fred John

Validation Number: 202234703786



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 9, 2022

TIMOTHY JULIEN
PRECISION HOME BUILDERS
12900 BINKWOODS DR.
GRANDHAVEN, MI 49417

SUBJECT: PRECISION HOME BUILDERS INC.

Ref. Number: W22000151884

We have received your document for PRECISION HOME BUILDERS INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document must contain both the street address of the principal office and the mailing address of the entity.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or opposite the signature.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 822A00027415

www.sunbiz.org

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