(((H23000011084 3)))

(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

MICHELLE@CORNATZERING.COM
Email Address:

## FOREIGN PROFIT/NONPROFIT CORPORATION

Cornatzer & Associates, Inc.

Certificate of Status	1
Certified Copy	0
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H23000011084

# 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.	Cornatzer &	Associ	iates, Inc.		
	(Enter name of corporation; must include "INCORPORATI "Inc.," "Co.," "Corp." "Inc.," "Co," or "Corp.")	ED," "C	OMPANY,"	"CORPORATION,"	
	(If name unavailable in Florida, enter alternate corporate na	me adop	ted for the pr	irpose of transacting busin	ess in Florida)
2.	Georgia	3.			
4.	(State or country under the law of which it is incorporated)		(FEI number, if appli		
•	(Date of incorporation)		(Date o	f duration, if other than per	petual)
6.		····			
	(Date first transacted busine) (SEE SECTIONS 607.1501 & 60				- 3
_	6720 Whitmire Road, Cumming, GA 30028				(F)
7	(Principal office street address)				
	(Current ma	tiling ad	dress, if diffe	rent)	
8.	Name and street address of Florida registered agent: (			reptable)	
	Name: Hubco Registered Agent Service	35, INC.	- -		
Οſ	fice Address: 155 Office Plaza Drive, 1st F	-loor	_		
	Tallahassee		, Florida	32301	
	(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.

## D

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	Dring		
□Chairman	Name:	Cornatzer	
□Vice Chairman			
□Director	Cumming, C	GA 30028	
□President			
■Vice President			
□Secretary		Treasurer	
□Other	<u></u>	Other	<del></del>
□Chairman	Name:		
□Vice Chairman			
□Director			
□President			
□Vice President			
☐Secretary		□Treasurer	
Other	1-1-1-24	☐Other	
□Chairman	Name:	20	
		! -	
□Director			
□President		 -	
□Vice President		, un. : • : •	
□Secretary		☐Treasurer	
□Other		□Other	
	□Director □President □Secretary □Other □Chairman □Vice Chairman □Director □President □Secretary □Other □Chairman □Vice President □Secretary □Other □Chairman □Vice Chairman □Vice Chairman □Vice Chairman □Vice Chairman □Director	□ Vice Chairman Address: □ Director □ President □ Secretary □ Other □ Chairman Name: □ President □ President □ Secretary □ Director □ President □ Secretary □ Other □ Chairman Address: □ Director □ President □ Secretary □ Other □ Chairman Name: □ Chairman Name: □ President □ Vice Chairman Address: □ Director □ President □ Vice Chairman Address: □ Director □ President □ Vice President	□Vice Chairman Address: □Director □President □Secretary □Other □Other □Chairman Name: □Director □President □Secretary □Treasurer □Other □Other □Chairman Address: □Director □President □Secretary □Treasurer □Other □Other □Chairman Name: □Chairman Name: □Treasurer □Other □Other □Chairman Name:

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.

Derrick Cornatzer - President

H23000011084

Control Number: K703662

## STATE OF GEORGIA

## Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### CORNATZER & ASSOCIATES, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

·<del>...</del>,

Docket Number : 24215376 Date Inc/Auth/Filed: 01/15/1997 Jurisdiction : Georgia Print Date : 01/09/2023

Form Number : 211



Brad Rafforepage

Brad Raffensperger Secretary of State