

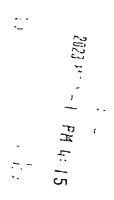
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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T. LEMIEUX MAR 2 0 2023

COVER LETTER

TO:	Registration Se Division of Co	morations					
SUBJ	ЕСТ: <u>#</u>	DED R	ENOU	Atro	DAY & DE	Sign,	LLC.
		Name (of corporation	n - musi	include suffix	0	
Dear S	Sir or Madam:						
"Certi	ficate of Existenc	tion by Foreign Core," or "Certificate on corporation to the corporati	of Good Sta	anding"	and check are sub		•
Please	return all corresp	ondence concern	ing this matte	er to the	following:		
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		/	Name of	f Person	•		<u> </u>
	FORE	RENTO	DE	55/1	54 /		
			Firm/Co	mpany			
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	<u> </u>	100- 69	Add	ress	<u></u>		·
	LAKS LA	ND 1	7.	32	81/		
		~	City/State	and Zip	code		
	TFORO	2169 a	6ma	11	· Com		
		E-mail address	: (to be used	for futu	ire annual report i	notification)	
For fu	rther information	concerning this m	natter, please	call:			
		J	. 1			``	20
1	Name of Perso	eo	at (859	17	743-47	83	~:
	Name of Perso	n	Area Co	de /	743 - 47. Daytime Telep	hone Number	 . ;
							- :
			_				PH 4: 15
STREET/COURIER ADDRESS: Registration Section					MAILING ADDRESS:		
Division of Corporations					Division of Corporations		
Clifton Building					P.O. Box 6327		
	2661 Executive Tallahassee, FI				Tallahassee, F	L 32314	
Enclos	sed is a check for	the following amo	ount:				
□ \$70	0.00 Filing Fee	\$78.75 Filing Certificate of			75 Filing Fee & fied Copy	S87,50 Find Certification Cert	te of Status &

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FO	REIGN CORPORATION TO TRANSACT E	TATUTES, THE FOLLOWING IS SUBMITTED TO BUSINESS IN THE STATE OF FLORIDA. LEGISLES OF THE STATE OF FLORIDA.
(Enter name of c "Inc.," "Co.," "C	orporation; must include "INCORPORATED," lorp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
	,	adopted for the purpose of transacting business in Florida)
2. <u>So o</u> (State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)
4. 3/1/		, ,
	of incorporation)	(Date of duration, if other than perpetual)
6	N/A	
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.15	Florida, if prior to registration) 02, F.S., to determine penalty liability)
7. <u>400</u>	CAHAIL HOllow W	Ay, Simpson Ville SC 29680
1029	STONEY CREEK DR (Current mailin	Ay, Simpson Ville 50 29680 all optice address) LAKE AND, F1, 338// g address, if different)
8. Name and stree	et address of Florida registered agent: (P.C). Box <u>NOT</u> acceptable)
Name:	TELLY M FOLD	
Office Address:	1029 STONEY CEK	· De.
	LAKELAND	Florida
	(City)	(Zip code)
Having been nam designated in this further agree to c	application, I hereby accept the appointm	ce of process for the above stated corporation at the place nent as registered agent and agree to act in this capacity. I elative to the proper and complete performance of my f my position as registered agent.

10. Attached is a certificate of existence daily 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.

(Registered agent's signature)

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: _____ Director: B. OFFICERS Vice President: Treasurer: Address: ______ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer 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.

13. Trefly of following (Typed or printed name and capacity of person signing application)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Ford Renovation and Design, LLC, a limited liability company duly organized under the laws of the State of South Carolina on March 11th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 21st day of February, 2023.

Mark Hammond, Secretary of State