

# F23000001877

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000121420 3)))



H230001214203ABCP

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : NATIONAL LICENSING CONSULTANTS, LLC  
Account Number : 120210000115  
Phone : (954)233-0222  
Fax Number : (813)441-8235

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

Email Address: \_\_\_\_\_

RECEIVED

2023 MAR 31 AM 11:06

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## FOREIGN PROFIT/NONPROFIT CORPORATION AMERICAN DREAM SOLAR AND WINDOW, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

FILED

2023 MAR 31 PM 3:03

FILED

H23000121420.3

**COVER LETTER****TO:** Registration Section  
Division of Corporations**SUBJECT:** AMERICAN DREAM SOLAR AND WINDOW, INC.

Name of corporation - 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:

AMANDA BRIERLEY

Name of Person

NATIONWIDE CONTRACTOR LICENSING

Firm/Company

29157 CHAPEL PARK DR STE A

Address

WESLEY CHAPEL, FL 33543

City/State and Zip code

STATELICENSEINFO@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMANDA BRIERLEY

at ( 954 ) 233-0222

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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**☒ \$70.00 Filing Fee☐ \$78.75 Filing Fee &  
Certificate of Status☐ \$78.75 Filing Fee &  
Certified Copy☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

1123000121420 3

## 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. AMERICAN DREAM SOLAR AND WINDOW, INC.

(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. OHIO 3. 81-1729172  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/24/2016 5. \_\_\_\_\_  
(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. 4007 BACH BUXTON RD AMELIA, OH 45012  
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: NATIONAL LICENSING CONSULTANTS, LLC

Office Address: 29157 CHAPEL PARK DR STE A

WESLEY CHAPEL, Florida 33543  
(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.

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

FILED  
 MAR 31 PM 3:02  
 TALLAHASSEE, FL  
 STATE SECRETARY

H230001214203

**A. DIRECTORS**

☐ Chairman Name: ANTONIO RANIERI

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director 4007 BACH BUXTON RD

☒ President AMELIA, OH 45012

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_

☐ Vice Chairman Address: \_\_\_\_\_

☐ Director \_\_\_\_\_

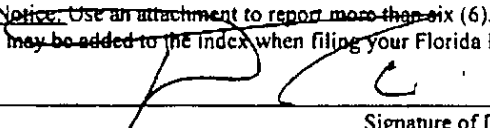
☐ President \_\_\_\_\_

☐ Vice President \_\_\_\_\_

☐ Secretary ☐ Treasurer

☐ 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.

13. ANTONIO RANIERI - PRESIDENT

(Typed or printed name and capacity of person signing application)

H23000121420 3

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 AMERICAN DREAM SOLAR AND WINDOW, INC., an Ohio corporation, Charter No. 3869658, having its principal location in Cincinnati, County of Hamilton, was incorporated on February 24, 2016 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 17th day of March, A.D. 2023.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202307604038