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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: <u>CHOICE</u> Nan	CONTRACTOR	S & LOG/	HOME CO,		
Nan	ne of corporation - mu	st include suffix			
Dear Sir or Madam:					
The enclosed "Application by Foreign "Certificate of Existence," or "Certific above referenced foreign corporation to	ate of Good Standing	and check are sub			
Please return all correspondence conce	rning this matter to th	e following:			
	Tim BICE Name of Person				
	Name of Perso	on			
CHOICE CONTRACT	ORS & LOG	HOME CE),		
_8348 LittleRd#	132				
New PORT RICHEY	, FL. 3465	54			
NEW PORT RICHEY, TIMBICE 177 @ A E-mail addr	City/State and Zi	p code			
TIMKICE 177 CO A	OL, LQM ess: (to be used for fu	ture annual report n	otification)		
			,		
For further information concerning this	·				
Name of Person	at (722)	212-90	048		
Name of Person	Area Code	Daytime Telepl	none Number		
STREET/COURIER ADDR	ESS:	MAHLING A	DDRESS:		
Registration Section Division of Corporations		<u> </u>	Registration Section Division of Corporations		
The Centre of Tallahassee		P.O. Box 6327			
2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	310	Tallahassee, F	Tallahassee, FL 32314		
Enclosed is a check for the following a	mount:				
Please make check payable to: FLORIDA			CT cog co riv		
☐ \$70.00 Filing Fee ☐ \$78.75 Fi Certificat	-	.75 Filing Fee & tified Copy	S87.50 Filing Fee. Certificate of Status & Certified Copy		

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. CHOICE CONTRACTORS & LOG HOME CO, (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. OH10
3. 38-388629
(State or country under the law of which it is incorporated)
4. OCT, 4, 2012
(Date of incorporation)
5. (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) LITTLE RD, # 132 NEW PORTRICHEY, FL, 34654
(Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 8348 Little RD #132 NEW PONT RICHEY Florida 34654 (City) (Zip code) Office Address: 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. Is further agree to comply with the provisions of all statutes relative to the proper and complete performan@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.

A. DIRECTORS							
Chairman	Name: TIM RICE	□Chairman	Name:				
□Vice Chairman	Address: 8348 LITTTE RO #132	□Vice Chairman	Address:				
Director	NEW PORT RICHEY, FL. 34654	Director					
President		□President		·····			
□Vice President		□Vice President					
Secretary	☐ Treasurer	Secretary		☐Treasurer			
Other	□Other	□Other		□Other			
□ Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director					
□President		□President					
□Vice President		□Vice President	 				
☐ Secretary	Treasurer	Secretary		☐ Treasurer			
Other	Other	Other		□Other			
□ Chairman	Name:	□ Chairman	Name:	.,,			
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Dir e ctor		Director					
□President		□President					
□Vice President		□Vice President		<u> </u>			
☐ Secretary	□Treasurer	Secretary		□Treasurer			
Other	Other	□()ther		[]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 of		prec				
	Signature of Director of	Ollicer					
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	TIM RI	CE					
(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 CHOICE CONTRACTORS & LOG HOME CO., an Ohio corporation, Charter No. 2141779, having its principal location in West Jefferson, County of Madison, was incorporated on October 4, 2012 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 5th day of April, A.D. 2023.

Ohio Secretary of State

I fore

Validation Number: 202309501612