

(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:
emailed proof solutions 5/23/23 legions

Office Use Only



800406289608

2023 HAY 23 PI

S. FRANCLIN MAY 23 2023

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: Strick Enterprises INC				
0020		f corporation -	must include suffix		
Dear S	ir or Madam:				
"Certif	iclosed "Application by Foreign Conficate of Existence," or "Certificate of referenced foreign corporation to tra	of Good Standi	ng" and check are subm		
Please	return all correspondence concernir	ng this matter to	the following:		
Rick A	. Rogers				
		Name of Pe	rson		
Strick I	Enterprises INC				
		Firm/Compa	iny		
87 High	hview Blvd				
		Address			
Columb	bus, OH. 43207				
		City/State and	Zip code		
office@	Pconstructohio.net				
	E-mail address:	(to be used for	future annual report no	tification)	
For fur	rther information concerning this ma	atter, please cal	l:		
Rick A. Rogers 21. (419		at () <u>989-0447</u>		
-	Name of Person	Area Code	Daytime Telepho	one Number	
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	5 :	MAILING AD Registration Sec Division of Con P.O. Box 6327 Tallahassee, FL	ction porations	
Please i	sed is a check for the following amo make check payable to: FLORIDA DE 0.00 Filing Fee \$78.75 Filing Certificate o	PARTMENT O	F STATE 578,75 Filing Fee & Certified Copy	☐ \$87.50 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

	Corp," "Inc," "Co," or "Corp,")			
Construct FL IN				_
(If name unavail	able in Florida, enter alternate corporate name ad	lopted for the purpose of transacting bu	siness in Florida)	
2 Ohio	3			
(State or count	State or country under the law of which it is incorporated) (FEI number, if app		able)	-
4 Aug 5, 2009	5.			
(Date	(Date of incorporation) 5. (Date of duration, if other that			-
6 May 1, 2023			~ 3	
2 87 Highview Bly	(Date first transacted business in I (SEE SECTIONS 607 1501 & 607 150 d Columbus, OH, 43207		023 HAY	- , 4,544 d u 47
r		: street address)	5. 23	- t,
87 Highview Bly	vd Columbus, OH. 43207		S7:	
	(Current mailing	address, if different)	PH 6: 55	¥.
8 Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name	Егіс Аггомоюд	<u> </u>		
Office Address:	929 Tuscanny St			
	Brandon	Florida		
	(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.

A. DIRECTORS Name: Rick A. Rogers Stephanie Rogers □ Chairman □ Chairman 3450 Winchester Southern Rd 3450 Winchester Southern Rd Address: □ Vice Chairman □ Vice Chairman Canal Winchester, OH. 43110 Canal Winchester, OH. 43110 □ Director □Director □ President President □ Vice President ☐ Vice President ☐Treasurer ☐Treasurer □ Secretary Secretary □Other _____ □Other _____ □Other _____ □Other _____ □ Chairman □ Chairman Name: Name: _____ □ Vice Chairman Address: _____ □ Vice Chairman Address: □Director □Director □ President □President ☐ Vice President ______ ☐ Vice President ☐Treasurer □ Secretary ☐ Treasurer □ Secretary Other _____ □ Other □ Other □ Other _____ □Chairman Name: ______ □ Chairman Name: □ Vice Chairman Address: _____ □ Vice Chairman Address: ______ □ Director □Director □ President □President ☐ Vice President _ □ Vice President ☐Treasurer □ Secretary □Treasurer □ Secretary □Other _____ □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. 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 \$.817.155, F.S.

Rick A. Rogers President

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 STRICK ENTERPRISES, INC, an Ohio corporation, Charter No. 1874592, having its principal location in Canal Winchester, County of Fairfield, was incorporated on August 5, 2009 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 1st day of May, A.D. 2023.

Ohio Secretary of State

Fred John

Validation Number: 202312103730