+23000000427U

(Requ	iestor's Name)				
(Address)					
(144	,				
(Address)					
(City/s	State/Zip/Phone #	<u> </u>			
(Oil)	3.ta.ta.2,p., (10,10 //	,			
PICK-UP	WAIT	MAIL			
(Busin	ness Entity Name))			
(Docu	iment Number)				
O RE OF I	C. dit				
Certifiec Copies	Certificates of	Status			
Special Instructions to Fil	ing Officer				
Special Instructions to Filing Officer:					

Office Use Only



200411921942

07/11/23--01010--022 **87.50

2023 JUL 11 AM 10: 30

COVER LETTER

_	ion of Corporations				
SUBJECT:	FLORIDA HANDMADE INC	-			
	Name of corporation - must include suffix				
Dear Sir or M	ladam:				
"Certificate o	"Application by Foreign Corf Existence," or "Certificate eed foreign corporation to tra	of Good Stand	ling" and check are submi		
Please return	all correspondence concernir	ng this matter	to the following:		
Robert Houch	ins				
		Name of P	erson		
FLORIDA HA	ANDMADE INC				
		Firm/Comp	pany		
1576 Bella Cri	ız Drive #354				
		Addres	SS		
The Villages F	T. 32159				
.		City/State an	d Zip code		
floridacattlema	nn@gmail.com				
	E-mail address:	(to be used fo	or future annual report not	ification)	
For further in	formation concerning this ma	itter, please ca	II:		
Robert Houchi	ns	352	890-3483		
Nam	e of Person	Area Code	Daytime Telepho	ne Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		
	check for the following amou eck payable to: FLORIDA DE ing Fee	PARTMENT (Fee &		\$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.

FLORIDA HAN	VDMADE INC		
	orporation; must include "INCORPORATED," ' orp," "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	N."
FLORIDA HAN	NDMADE PRODUCTS		
(If name unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	ng business in Florida)
Delaware	3.		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
07 06 2022			
(Date	of incorporation)	(Date of duration, if other than perpetual)	
,).			
7. 1576 Bella Cruz	Drive #354 The Villages FL 32159 (Principal office	street address)	
	(Current mailing	address, if different)	
8. Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	2023 SEL
Name:	Robert Houchins		
Office Address:	1576 Bella Cruz Drive #354		\$2023 JUL 11 \$ECKETATA
	The Villages	, Florida 32159	T AND: 30
	(City)	(Zip code)	<u>, 0</u> 5
			- 설립 성 - 연

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: Robert Houchins Name: □Chairman □Chairman Name: 1576 Bella Cruz Drive #354 Address: □Vice Chairman □Vice Chairman Address: The Villages FL 32159 □ Director □ Director President □ President □Vice President ☐ Vice President ☐ Secretary □Treasurer □ Secretary ☐ Treasurer □Other □ Other _____ □Other _____ □Other _____ Name: _____ Name: _____ □ Chairman ☐ Chairman 1576 Bella Cruz Drive #354 □Vice Chairman □ Vice Chairman Address: _____ The Villages FL 32159 Director □ Director □President □President □Vice President □ Vice President ☐Treasurer □ Secretary ☐ Treasurer **■**Secretary □Other _____ □ Other _____ □Other ____ □Other _____ Robert Houchins Name: □ Chairman Name: □ Chairman 1576 Bella Cruz Drive #354 □Vice Chairman Address: _____ □ Vice Chairman Address: The Villages FL 32159 □ Director Director □President □President □Vice President _____ □ Vice President □ Secretary □ Treasurer **■**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 Office 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.

President

Robert Houchins

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FLORIDA HANDMADE INC" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLORIDA HANDMADE INC" WAS INCORPORATED ON THE SIXTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203702193

Date: 07-07-23