# F23000006505

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

TO:	P: Registration Section Division of Corporations						
SUBJ	ECT.	Pocono Home Show I	nc.		-		
5026	<b></b>	Name	of corporation	n - must	include suffix	• • • • • • • • • • • • • • • • • • • •	
Dear S	Sir or Mad	dam:					
"Certi	ficate of I	Application by Foreign C Existence," or "Certificated foreign corporation to	e of Good Sta	nding" a	nd check are sub	et Business in Florida," mitted to register the	
Please	return al	l correspondence concern	ning this matte	er to the i	following:		
			Don Jord	an	-		
			Name o	f Person			
			Pocono H		w. Inc merica Realty		
-		·	Firm/Co		mer real reality		
			528 Seven B		D Suite 107		
	<del></del>		Add	ress	<del></del>		
		East	Stroudsburg	PA 183	01		
	_		City/State	and Zip	code		
		donjordan09@gmail	. com				
				for futur	e annual report r	otification)	
For fu	rther info	rmation concerning this	matter, please	call:			
Don Jordan 610 755 5253							
Name of Person			Area Co	de	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		
Please		neck for the following and the payable to: FLORIDA I g Fee	DEPARTMEN ng Fee &	□ \$78.7:	ATE 5 Filing Fee & ied 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. Pocono Home Show Inca (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) Pennsylvania (State or country under the law of which it is incorporated) (FEI number, if applicable) September 05, 2007 5. (Date of duration, if other than perpetual) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 528 Seven Bridge RD suite 107 E Stroudsburg PA 18301 (Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Cindy Lara Name: 311 keswick ave Office Address: Davenport \_\_\_\_ , Florida 🧻 (City) 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.

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]:

### Docusign Envelope ID: 1D56D665-AA1C-4FE6-A6EA-C21D8A899D7F

### A. DIRECTORS : Don Jordan ☐ Chairman Chairman Name: \_\_\_\_\_ 197 Manor DR □Vice Chairman Address: E Stroudsburg ☐Vice Chairman Address: \_\_\_\_ PA 18301 □ Director ☐ Director □President ☐Vice President ☐ Vice President □ Secretary ☐Treasurer □ Secretary ☐Treasurer □Other \_\_\_\_ ☐ Other \_\_\_\_\_ Other \_\_\_\_\_ Linda Jordan Name: \_\_\_ □ Chairman Name: \_\_\_\_\_ ☐ Chairman 197 Manor DR □Vice Chairman Address: <u>E Stroudsburg</u> ☐ Vice Chairman Address: \_\_\_\_\_ PA 18301 ☐ Director ☐ Director □ President □President ☑ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary ☐Treasurer Other \_\_\_\_ □Other \_\_\_\_\_ □ Other \_\_\_\_\_ Other \_\_\_\_\_ Chairman Name: \_\_\_\_ Name: \_\_\_\_\_ ☐ Chairman □Vice Chairman Address: \_\_\_\_\_ ☐ Vice Chairman Address: ☐ Director Director □President □President □Vice President \_\_ ☐ Vice President □ Secretary □Treasurer ☐ Secretary Treasurer □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 open ablanda Department of State Annual Report form. 10/24/2023 Don Jordan 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. Don Jordan

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

# **Pennsylvania Department of State**

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: The Pocono Home Show Inc.

Request Type: Subsistence Certificate Issuance Date: October 24, 2023

Request No.: 024186930 File No.: 0003753775

**Receipt No.:** 000738811

Filing Type: Domestic Business Corporation

Filing Subtype: Business

Initial Filing Date: September 05, 2007

Status: Active

## TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

The Pocono Home Show Inc.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

**Albert Schmidt** 

Secretary of the Commonwealth

Mes Selmi

Verify this certificate online at <a href="www.file.dos.pa.gov">www.file.dos.pa.gov</a>