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(Requestor's Name)						
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(Business Entity Name)						
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	FCT·	Pocono Home Show	Inc. dba Sm	art Way	America Realty	
осво		Na	me of corporati	on - must	include suffix	
Dear S	ir or Ma	dam:				
"Certif	ficate of l	Application by Foreigr Existence," or "Certific ed foreign corporation	cate of Good St	anding" a	nd check are subm	
Please	return al	l correspondence conc	erning this mat	ter to the	following:	
			Don Jor	dan		
			Name	of Person		
				Home Sho	w. Inc merica Realty	
				ompany		
			528 Seven	Bridge R	D Suite 107	
				dress		
		Eas	t Stroudsbur	g PA 183	01	
			City/State	and Zip	code	
		donjordan09@gma	il.com			
		E-mail add	ress: (to be use	d for futu	re annual report no	otification)
For fu	rther info	ormation concerning th	is matter, pleas	e call:		
	Don	Jordan	610 at (755 525	3	
	Name	of Person	Area C	ode	Daytime Teleph	one Number
	Registr Division The Ce 2415 N	ET/COURIER ADDR ration Section on of Corporations entre of Tallahassee I. Monroe Street, Suite assee, FL 32303			MAILING AE Registration Se Division of Con P.O. Box 6327 Tallahassee, FL	ction rporations
Please		_	A DEPARTME	□ \$78.7	ATE 5 Filing Fee & fied Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy

under the law of which it is incorporated.

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 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) Pennsylvania (State or country under the law of which it is incorporated)

(FEI number, if applicable) September 05, (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 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

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

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

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

Men Sehn

Verify this certificate online at www file dos pa gov