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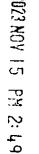
(Requestor's	Name)
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Special Instructions to Filing Offi	cer:

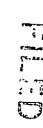
Office Use Only



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## COVER LETTER

<b>TO:</b> Registration S Division of Co					
SUBJECT: CAJ Co	astal Enterprises, Inc.				
30bJLC1.	Name of corp	oration - m	ust include suffix	<del></del>	
Dear Sir or Madam:					
"Certificate of Existen	ation by Foreign Corporations." or "Certificate of Goo ign corporation to transact	od Standing	" and check are subr		
Please return all corre	spondence concerning this	matter to t	he following:		
Geoffrey Jaynes					
	N:	me of Pers	on .		
CAJ Coastal Enterprises	s. Inc.				
	Fir	m/Compan	y		
334 Lenox Square					
		Address	· · · · · · · · · · · · · · · · · · ·		
Fairhope, AL 36532					
	City/	State and Z	lip code		
gjaynes@proliftdoors.co	om				
	E-mail address: (to be	used for f	iture annual report no	otification)	
For further informatio	n concerning this matter, p	olease call:			
Geoffrey Jaynes	at ( 25	1	) 802-5777  Daytime Telephone Number		
Name of Pers	Son Ar	ea Code	Daytime Teleph	one 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			
	or the following amount: ble to: FLORIDA DEPART  S78.75 Filing Fee of Certificate of State	Ŀ □ \$7	STATE 8.75 Filing Fee & crtified Copy	\$87.50 Filing Fee. Certificate of Status &	

## 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.

	erprises, Inc. orporation: must include "INCORPORATED, orp," "Inc," "Co," or "Corp,")	" "COMPANY," "CORPORAT	TON,"		<u>.</u>
(If name unavaila	ble in Florida, enter alternate corporate name	adopted for the purpose of transa	icting busines	s in Flor	ida)
Alabama	3	92-3366902			
(State or country	runder the law of which it is incorporated)	(FEI number, if applicable)			
04/06/2023	5.				
(Date	(Date of incorporation) 5		(Date of duration, if other than perpetual)		
<u> </u>	(Date first transacted business i	n Florida, if prior to registration)	ability		
2007 Moods W. Ci	(SEE SECTIONS 607.1501 & 607.1 reet, Suite 18, Pensacola, F4, 32505	502, F.S., to determine penalty in	atomity į		
		ice street address)			
334 Lenox Sauar	e, Fairhope, AL 36532	nee sarger addressy			
The state of the s	·	ng address, if different)			
. Name and stree	t address of Florida registered agent: (P.)	O. Box <u>NOT</u> acceptable)	3	2023	
-	Geoffrey Javnes			1 AON 6202	
Name:	200724 1 21 22 2 2 2 10	<del></del>		-5	
Office Address:	3987 North W. Street, Suite 18		( · -		!
	Pensacola	32505 , Florida	£.,	PH 2	
	(Citv)	(Zip code)	ائے۔' . ب	2: 4	•

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	•.			
□Chairman	Geoffrey Jaynes Name:	□Chairman	Name:	
□Vice Chairman	334 Lennox Square, Fairhope, Al	□Vice Chairman	Address:	
□Director	36532	Director		
<b>■</b> President		□President	***************************************	
□Vice President		□Vice President		
☐Secretary	□Treasurer	□Secretary		□Treasurer
□Other	□Other	Other		□Other
∐Chairman	Jennifer Jaynes	□Chairman	Name:	
□Vice Chairman	Address:A	□Vice Chairman	Address:	
□Director	36532	Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	<b>≡</b> Treasurer	□Secretary		□Treasurer
□Other	Other	□Other	<del></del>	□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
	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Departme			ourposes only. Non-indexed
12	soffy for	0.00		
L	Signature of Director of			
The officer or dire she is aware that for s.817.155, F.S.	ctor signing this document (and who is listed in number alse information submitted in a document to the Depart	er 11 above) affirms the tment of State constitu	nat the facts state ates a third degre	ed herein are true and that he or se felony as provided for in
Geoffrey Ja	ynes  (Typed or printed name and capacity of purs			
	Typed or printed name and capacity of sore	an signing annlication	11	

Wes Allen Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

## STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that CAJ Coastal Enterprises, Inc. was formed in Alabama on April 6, 2023. The Alabama Entity Identification number for this entity is 001-073-041. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20231107000011374

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

11/07/2023

Date

Wes Allen

Secretary of State