Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VANDEVOORDE HALL LAW, P.L.

Account Number : I20040000140 Phone : (772)589-4353 Fax Number : (772)388-5514

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: info@researchcoastlaw.com

FOREIGN PROFIT/NONPROFIT CORPORATION Parsons Painting, Inc.

Certificate of Status	0
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COVER LETTER

		tration Se on of Cor	ction porations			
SUBJE	CT:	Parsons P	ainting, Inc.			
			Name o	f corporation	- must include suffix	
Dear Si	r or M	adam:				
"Certific	cate of	Existenc		of Good Stan	Authorization to Transact ding" and check are submiss in Florida.	
Please n	eturn :	all co rresp	ondence concernir	ng this matter	to the following:	
Cynthia	V. Hal	1				
				Name of	Person	
VandeV	oorde l	iali Law, i	PL			
		-		Firm/Com	pany	
1327 N.	Centra	l Ave.				
				Addre		· · ·
Sebastia	n, FL 3	2958				
				City/State a	nd Zip code	
info@re	searcho	coastlaw.co	om			
***************************************			E-mail address:	(to be used t	or future annual report not	ification)
For furt	her inf	ormation	concerning this ma	atter, please o	all:	
Cynthia V. Hall		772 at () 589-4353 Daytime Telepho			
•	Name	of Perso	n	Area Cod	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		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Encloses Please m # \$70.0	ake ch	ck payabl	the following amoust to: FLORIDA DE S78.75 Filing Certificate of	PARTMENT Fee & C		S87.50 Filing Fee, Certificate of Status & Certified Copy

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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.

	able in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting bu	usiness in Florida)		
ınsylvania		3(FEI number, if applic			
State or country under the law of which it is incorporated)		(FEI number, if applicable)			
ay 23, 1995		5			
(Date of incorporation)		(Date of duration, if other than perpetual)			
Barefoot C	•	office street address)			
	et address of Florida registered agent: (I	P.O. Box NOT acceptable)	2021 SEC TX		
Name:	et address of Florida registered agent: (I Antoinette Parsons 1341 Barefoot Cir.	P.O. Box NOT acceptable)	2024 JAN I SECRETA TALLAS		
	Antoinette Parsons 1341 Barefoot Cir.		2024 JAN 19 SECRETARY:		
Name:	Antoinette Parsons 1341 Barefoot Cir.	P.O. Box NOT acceptable) , Florida 329\$\frac{329\$\frac{329}{27}(6)}{(Zip code)}	2024 JAN 19 PH 4: SECRETARY OF ST		

^{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]:

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A. DIRECTORS				
□ Chainnan	Name:	☐ Chairman	Name:	
□Vice Chairman	Address: 1341 Barefoot Cir	□Vice Chairman	Address:	
Director	Barefoot Bay, FL 32976	Director		
President		☐ President		
□Vice President		□Vice President		
■ Secretary	Treasurer	Secretary		□Treasurer
Other	Other	□Other		Other
□ Chairman	Name:	□Chai mu n	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
Director		Director		
☐ President		□President		
□Vice President		□Vice President		
□ Secretary	Treasurer	□Secretary		□Treasurer
Other	Other	□Other		Other
□ Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	DVice Chairman		
Director		Director		
☐ President		□President		
OVice President		□Vice President		
□ Secretary	Treasurer	□Secretary		□Treasurer
Other	Other	□Other	· 	□Other
Important Notice: individuals may be	Use an attachment to report more than six (6). The attended to the index when filing your Florida Departm	nent of State Annual R	eport form.	surposes anly. Non-indexed
· ()	Signature of Director	or Officer		
she is aware that fa s.817.155, F.S.	ctor signing this document (and who is listed in numbalse information submitted in a document to the Department. Director, President, Secretary, Treasure	rtment of State constitu	hal the facts state utes a third degre	d herein are true and that he of the felony as provided for in

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

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Pennsylvania Department of State

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

Regarding: PARSONS PAINTING, INC.

Request Type: Subsistence Certificate Issuance Date: December 07, 2023

Request No.: 026742427 File No.: 0002638749

Receipt No.: 000799259

Filing Type: Domestic Business Corporation

Filing Subtype: Business

Initial Filing Date: May 23, 1995

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

PARSONS PAINTING, 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.

OF AFRICANT OF STREET

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

flow Solm

Verify this certificate online at www.file.dos.pa.gov