## F240000002511

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
W24-44771						



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03/04/24--01037--004 +\*78.75

SECRETARY OF STATE

Office Use Only



March 20, 2024

MIKE ANDERSON 19689 SEVENTH AVENUE NE, SUITE 178 POULSBO, WA 98370 US

SUBJECT: HOUSEAMP INC. Ref. Number: W24000044771

We have received your document for HOUSEAMP INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 724A00006002

Ariel Jones Regulatory Specialist II

## **COVER LETTER**

TO:		ration Sectio on of Corpor					
SUBJ	ECT:	HouseAmp Ir	c.				
		-	Name of corpo	oration -	must include suffix		
Dear S	Sir or Ma	ıdanı:					
"Certi	ficate of	Existence,"		od Stand	ing" and check are sub	ct Business in Florida," mitted to register the	
Please	return a	II correspond	ence concerning this	matter t	o the following:		
Mike /	Anderson						
	<del></del>		Na	me of P	erson		
House	Amp Inc.						
			Fire	n/Comp	any		
19689	Seventh.	Avenue NE, S	uite 178				
				Addres	s		
Poulsb	oo, WA 9	8370					
			City/:	State and	Zip code		
mike@	Bhousean	-					
			E-mail address: (to be	used fo	r future annual report i	notification)	
For fu	rther info	ormation con	cerning this matter, p	lease ca	II:		
Mike A	Anderson		at (	,	669-3469		
	Name	of Person	Are	a Code	Daytime Telep	hone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					Registration S Division of C P.O. Box 632	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please	sed is a c make che ).00 Filir	ck payable to	following amount: FLORIDA DEPART   \$78.75 Filing Fee & Certificate of Statu		OF STATE \$78.75 Filing Fee & Certified 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.

		lopted for the purpose of transacting bu	siness in riorida)	
Delaware	3.	83-4556628		
(State or country under the law of which it is incorporated)		(FEI number, if applicable)		
April 23, 2019	5			
(Date o	of incorporation)	(Date of duration, if other than	perpetual)	
March 1, 2024			_	
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150			
1016 Clemons Stre	et, Suite 306, Jupiter, FL 33477			
•		street address)		
19689 7th Ave NE	Suite 178 Poulsbo, WA 98370			
	(Current mailing	address, if different)		
Name and street	address of Florida registered agent: (P.O.	Box NOT acceptable)		
Name:	Rick Hennessey		2 7	
fice Address:	1016 Clemons Street, Suite 306		24 HLY 13	
	Jupiter	— . Florida <sup>33477</sup>	13 CO	
	(City)	(Zip code)	<b>골</b> <sup>22</sup> 22	
			<b>₹</b> 8	
Registered ager	it's accontance		0 7	

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]:

(Registered agent's signature)

A. DIRECTORS	Rick Hennessey		Jeramie Maxwell	
□ Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address: 19689 7th Ave NE	□Vice Chairman	Address: 19689 7th Ave NE	
Director	Suite 178	Director	Suite 178	
□President	Poulsbo, WA 98370	□President	Poulsbo, WA 98370	
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
Other	Other	□Other	Other	
□Chairman	Name: Brett Parent	□ Chairman	Name: Keith Hamlin	
□Vice Chairman	19689 7th Ave NE	□Vice Chairman	Address: 19689 7th Ave NE	
Director	Suite 178	■ Director	Suite 178	
□President	Poulsbo, WA 98370	□President	Poulsbo, WA 98370	
□Vice President		□Vice President		
Secretary	□Treasurer	☐ Secretary	□Treasurer	
Other	Other	Other	Other	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	19689 7th Ave NF	□ Vice Chairman	Address:	
Director	Suite 178			
□President	Poulsbo, WA 98370	□President		
□Vice 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 added to the index when filing your Florida Department 15.54 FBT.	he attachment will be imaged partment of State Annual Re	d for reporting purposes only. Non-indexed port form.	
	Signature of Dir	ector or Officer		
	ctor signing this document (and who is listed in a also information submitted in a document to the			

s.817.155, F.S.



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

DELAWARE, DO HEREBY CERTIFY "HOUSEAMP 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 TWENTY-FIRST DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HOUSEAMP INC."

WAS INCORPORATED ON THE SIXTH DAY OF FEBRUARY, A.D. 2020.

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

The state of the s

Authentication: 202856820

Date: 02-21-24