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COVER LETTER

TO:	Registration Section Division of Corporations	,		
SUBJ	ECT: GREGORY	Cicston	woodworking	
2020	Name of corpor	ration - must include suff	ix	
Dear S	ir or Madam:			
Ceruf	closed "Application by Foreign Corporation icate of Existence," or "Certificate of Good referenced foreign corporation to transact b	Standing" and check are	unsact Business in Florida." submitted to register the	
Please	return all correspondence concerning this n	natter to the following:		
	DANLEL C	<u> </u>		
	None	e of Person		
	GREGORY Cust	om Wooda	orking Fre	
	Firm	Company		
	1758 ALGONQUI	V DRIVE		
	Clean water Flan	Address La 325	255	
	City/St	ate and Zip code		
	Clean water Flory City/St FRIENDS 2-AFRICA E-mail address: (to be u	Quanto .	COM	
For furt	her information concerning this matter, ple		or notification)	
DA	Name of Person at (40	5, 657-4	1748	
	Name of Person Area	Code Daytime To	elephone Number	
	STREET/COURIER ADDRESS: Registration Section		G ADDRESS:	
	Division of Corporations		Registration Section Division of Corporations	
	The Centre of Tallahassee	P.O. Box 6	P.O. Box 6327	
	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahasse	e. FL 32314	
	d is a check for the following amount: ake check payable to: FLORIDA DEPARTM	FNT OF STATE		
	00 Filing Fee	S78.75 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.
GREGORY CUSTOM Woodwooking Trace
(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp." "Inc," "Co." or "Corp.")
CREGARY CUSTOM WOODWORKING EPAINTING Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. (State or country under the law of which it is incorporated) (FEI number, if applicable)
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/le/2021 5 wet applicable (Date of incorporation) (Date of duration, if other than perpetual)
6. NOT APPLICABLE
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 1758 ALGONQUIN DRIVE Cleanater F1 3375 (Principal office street address)
SAme -
(Current mailing address, if different)
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: DAWIEL GREGORY
Office Address: 1758 Al GONQUE Deive
City), Florida 33755 (City) (Zip code)
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.

H For initial line was a second or the same or did in med addression of the relinance after another dispotate line to six 160 totally

A. DIRECTORS			
□Chairman	Name: DANIE GREGORY Address: 1758 ALGONOUIN DR	□ Chairman	Name:
□Vice Chairman	Address: 1758 ALGONOUIN OR	□Vice Chairman	Address;
Director	Cleanword Florida	□Director	
resident	33755	□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other		□Other	□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	DOTHER
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:		Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	Other	□Other	
Important Notice: U individuals may be a	se an attachment to report more than six (6). The attach added to the index when filing your Florida Department	ment will be imaged of State Annual Rep	for reporting purposes only. Non-indexed ort form.
12	() las		
	Signature of Director or C	Micer	
The officer or directeshe is aware that fals 8.817.155, F.S.	or signing this document (and who is listed in number 1 se information submitted in a document to the Departme	I above) affirms that ent of State constitute	t the facts stated herein are true and that he ores a third degree felony as provided for in
13.	DANIEL GRE		
	(Typed or printed name and capacity of person	signing application)	

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC FOR PROFIT BUSINESS CORPORATION

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that GREGORY CUSTOM WOODWORKING, INC. whose registered agent is <u>DANIEL GREGORY</u>, with its registered office at <u>404 NW 122ND STREET OKLAHOMA CITY 73114 USA</u> Oklahoma is a <u>Domestic For Profit Business Corporation</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>27th</u>, day of <u>June</u>, <u>2024</u>.

Secretary Of State