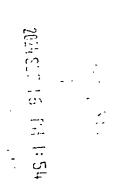
# F240000505030

(Requestor's Name)				
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
<b>,</b>	,,	··-•,		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer.			
	<u>-</u>			



500436450975

09/16/24--01010--021 \*\*87.50



Office Use Only

SEP 23 2024 IK. Brumbles

## T.J. HEINEMANN, P.A.

ESTATE PLANNING - ASSIT PROTECTION - CORPORATE LAW - REAL ESTATE & TITLE SERVICES

T.J. HEINEMANN, J.D., LL.M.

\* Master of Laws - Estate Planning

3141 SW MAPP ROAD PALM CITY, FL 34990

Trt. 772.888.5667

- admin@eiheinemannpa.com www.tjheinemannpa.com

September 6, 2024

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Porter Homes, Inc.

Application by Foreign Corporation for Authorization to Transact Business in Florida

To Whom It May Concern:

In regard to the referenced matter, enclosed for filing please find the following:

- 1. Signed Application by Foreign Corporation for Authorization to Transact Business in Florida; and
- 2. Certificate of Good Standing certified from the State of Delaware for Porter Homes. Inc.

Also enclosed, please find this office's check in the amount of \$87.50 representing the filing fee, certificate of status and certified copy fees. Please forward a copy of the certificate of status and certified copy to our office once processed.

Should you need anything further, please do not hesitate to contact our office.

Very truly yours.

hristina V. Iwasz. CP

Paralegal

:kni

Enclosures

cc: George Porter

#### **COVER LETTER**

	stration Section				
SUBJECT	PORTER HO	MES, INC.			
SOBJECT	•	Name of cor	poration - i	nust include suffix	
Dear Sir or M	Madam:				
"Certificate	of Existence," o		ood Standir	thorization to Transact B ng" and check are submitt in Florida.	
Please return	•	ence concerning th	is matter to	the following:	
		7	Name of Per	rson	
T.J. HEINEM	IANN, P.A.				
	<del></del>	F	irm/Compa	ny	
3141 SW MA	APP ROAD				
			Address		<del> </del>
PALM CITY	, FL 34990				
		City	/State and	Zip code	
ADMIN@TJ	HEINEMANNP				
	F	-mail address: (to l	be used for	future annual report notif	fication)
For further in	nformation con	cerning this matter,	please call	:	
T.J. HEINEM	IANN, ESQ.	7 at (	72	888-5667  Daytime Telephon	
Nan	ne of Person	Λ	rea Code	Daytime Telephon	e 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			
	heck payable to:	Following amount: FLORIDA DEPAR \$78.75 Filing Fee Certificate of Star	& <b>S</b>		■ \$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.

L. PORTER HOM	ES, INC.			
N	orporation; must include "INCORPORATED, orp." "Inc." "Co," or "Corp.")	" "COMPANY," "CORPORATION	•	
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	business in Florida	
DELAWARE 3.		51-0321623		
	y under the law of which it is incorporated)	(FEI number, if app	olicable)	
4/14/1986		Perpetual		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business i	n Florida, if prior to registration) 502, F.S., to determine penalty liabilit	v)	
12356 HARBOU	R RIDGE BLVD., PALM CITY, FL 34990	502. F.S., to determine penany nation	"	
·		ice street address)		
12356 HARBOU	R RIDGE BLVD., PALM CITY, FL 34990	<u></u> ,		
	(Current mailii	ng address, if different)	2024 89	
. Name and stree	t address of Florida registered agent: (P.G	O. Box NOT acceptable)		
Name:	GEORGE PORTER		<u> </u>	
Office Address:	12356 HARBOUR RIDGE BLVD., PALM	ı crry		
	PAI.M CITY	 . Florida 34990	: <u>ú</u>	
	(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.

A. DIRECTORS						
□Chairman	GEORGE PORTER Name:	Chairman	Name: PAULINE PORTER			
□Vice Chairman	Address: 12356 Harbour Ridge Blvd.	□Vice Chairman	Address: 12356 Harbour Ridge Blvd.			
□Director	Palm City, FL 34990	□Director	Palm City, FL 34990			
■ President		□President				
□Vice President		■Vice President				
□Secretary	□Treasurer	Secretary	Treasurer			
□Other	□Other	□Other	Other			
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
		□ Vice President				
Secretary	□Treasurer	☐ Secretary	□Treasurer			
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	□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12. Signature of Director or Officer						
12.	Signature of Director or	Officer				
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.						

13. GEORGE PORTER, PRESIDENT



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

DELAWARE, DO HEREBY CERTIFY "PORTER HOMES, 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 AUGUST, 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 "PORTER HOMES, INC." WAS INCORPORATED ON THE FOURTEENTH DAY OF APRIL, A.D. 1986.

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

A CONTRACTOR OF THE PARTY OF TH

Authentication: 204210348

Date: 08-21-24

2088295 8300 SR# 20243410214