# F24000005241

(Re	equestor's Name)			
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#### **COVER LETTER**

TO:		ration Sectio on of Corpor				
SUBJ	ECT:	ICOA INC				
50170			Name of corpor	ration - n	nust include suffix	
Dear S	Sir or Ma	adam:				
"Certif	ficate of	Existence,"	by Foreign Corporation or "Certificate of Good orporation to transact b	Standin	g" and check are sub	et Business in Florida," mitted to register the
Please	return a	II correspond	lence concerning this n	natter to	the following:	
Shawn	Rhoads					
	<del></del>		Nan	e of Per	son	
ICOA	INC					
_			Firm	/Compar	ıy	
7230 P	aradiso l	Or.				
		· · · · · · · · · · · · · · · · · · ·		Address		
Apollo	Beach, I	FL 33572				
-		-	City/St	ate and 2	Zip code	
srhoad	s@icoa.c					
			E-mail address: (to be t	ised for t	uture annual report r	notification)
For fu	rther inf	ormation con	cerning this matter, plo	ase call:		
$\frac{\text{Shawn Rhoads}}{\text{Name of Person}} = \text{at} \left( \frac{407}{\text{Area Code}} \right) \frac{404-4249}{\text{Daytime Telephone Number}}$						
	Name	of Person	Area	Code	Daytime Telepl	hone 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			
Please		eck payable to	following amount: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$7	STATE 78.75 Filing Fee & ertified 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.

Enter name of co	orporation; must include "INCORPORA	TED " "COMPANY " "CORPORA	TION "
	orp," "Inc," "Co," or "Corp.")	TED, COMPANT, CONTORA	HON,
(If name unavaila	ible in Florida, enter alternate corporate	name adopted for the purpose of trans	acting business in Florida)
GA	y under the law of which it is incorporate	78-2189721 3.	
(State or country	y under the law of which it is incorporate	ed) (FEI number,	if applicable)
7/26/1995		5.	
(Date	of incorporation)	(Date of duration, if o	ther than perpetual)
なだ。	1, 3,2024		
	•	oo7.1502, r.S., to determine penalty in	iaomiy)
7230	Paradiso Dr, Ax (Princip Paradiso Dr, A	pollo Beach FL	33572
	(Princip	al office street address)	
7230	Paradia No. A	FALLO Beach FL	33572
	(Current	mailing address, if different)	
. Name and stree	t address of Florida registered agent:	(P.O. Box NOT acceptable)	
Name:	Shawn Rhoads		
name:	7320 D		-
office Address:	7230 Paradiso Dr	<u> </u>	262
	Apollo Beach	Florida 33572 (Zip code)	2624 SEP 1
	(City)	(Zip code)	
Degistared age	ent's acceptance:		(a) (i)
	ed as registered agent and to accept	service of process for the above s	tated corporation at the plac
	application, I hereby accept the app		
irther agree to co nd Lam familiar	omply with the provisions of all state with and accept the obligations of r	utes relative to the proper and con ny position as registered agent	nplete performance of my du
na r am jamuar			•
	1/ 11/0/		
	A/n/1/1/1/	7	
	(Registered age	ent's signature)	<del></del>

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.

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Α.	171	к	r.	<b>L.</b> I	w	ĸə

Chairman	Shawn Rhoads Name:	□ Chairman	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director	Apollo Beach, FL 33572	□Director			
□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		□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		□Vice President			
Secretary	□Treasurer	□Secretary	□Treasurer		
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.					
(Typed or printed name and capacity of person signing application)					

Control Number: K522987

#### STATE OF GEORGIA

### **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

1, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

## ICOA, INC a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27764627 Date Inc/Auth/Filed: 07/26/1995 Jurisdiction : Georgia Print Date : 07/16/2024

Form Number : 211



Brad Raffonsperger