

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC
 Account Number : I20120000007
 Phone : (702)866-2500
 Fax Number : (702)900-2290

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

Email Address: Managedreports@incorp.com

FOREIGN PROFIT/NONPROFIT CORPORATION

Awnings Unlimited, Incorporated

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

SECRETARY OF STATE
 TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Awnings Unlimited, Incorporated

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Taylor Santizo for InCorp Services, Inc.

Name of Person
InCorp Services, Inc.

Firm/Company
9107 West Russell Road Suite 100

Address
Las Vegas, NV 89148-1233

City/State and Zip code
managedreports@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taylor Santizo for InCorp Services, Inc.

at (702) 866-2500

Name of Person

Area Code

Daytime Telephone 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$70.00 Filing Fee
 ☐ \$78.75 Filing Fee & Certificate of Status
 ☐ \$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.

1. Awnings Unlimited, Incorporated
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Sunair Awnings and Solar Screens Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Maryland 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/17/1978 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Registration
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 7785 Old Jessup Road # Rt.175, Jessup, MD 20794
(Principal office street address)

PO Box 1068 Jessup, MD 20794
(Current mailing address, if different)

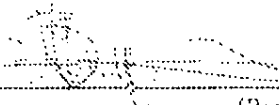
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: InCorp Services, Inc.
Office Address: 3458 Lakeshore Drive
Tallahassee, Florida 32312
(City) (Zip code)

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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.


 _____ Louise Greytenbach on behalf of InCorp Services, Inc.
 (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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total].

A. DIRECTORS

☐ Chairman Name: Robert Martensson

☐ Vice Chairman Address: _____

☒ Director PO Box 1068

☒ President Jessup, MD 20794

☐ Vice President _____

☐ Secretary ☒ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Jul Lee Martensson

☐ Vice Chairman Address: _____

☐ Director PO Box 1068

☐ President Jessup, MD 20794

☐ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Thaddeus Toal

☐ Vice Chairman Address: _____

☒ Director 130 Admiral Cochrane Dr. Suite 200

☐ President Annapolis, MD 21401

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Robert Blankenship

☐ Vice Chairman Address: _____

☒ Director PO Box 1068

☐ President Jessup, MD 20794

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

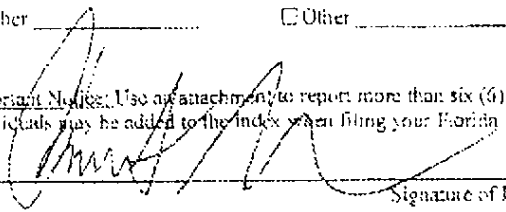
☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ 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

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 6.817, F.S.

13. Robert Martensson, President

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

STATE OF MARYLAND

Department of Assessments and Taxation

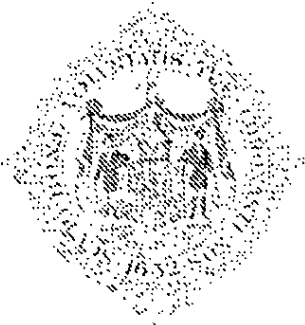
I, DANIEL K. PHILLIPS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT AWNINGS UNLIMITED, INCORPORATED (D00958520), INCORPORATED NOVEMBER 17, 1978, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT, THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 12, 2024.



Daniel K. Phillips
Director



700 East Pratt Street, 2nd Flr, Ste 2700, Baltimore, Maryland 21202
Telephone Baltimore Metro (410) 767-1344 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice

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To verify the Authentication Code, visit <http://dat.maryland.gov/verify>