F24000006332

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Green Edge Hom	es Inc.
Name of corporation - m	ust include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Auth" "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	and check are submitted to register the
Please return all correspondence concerning this matter to t	he following:
Calver Russell	
Name of Pers	
Green Edge Homes Inc.	
Firm/Compan	
Green Edge Homes Inc. Pirm/Compan 129 Hampstead Cl. Address	
Address	
Address Lake Sherwood (A a) City/State and 2	361
City/State and 2	(ip code
Cyla greenedge Names. Con E-mail address: (to be used for f	
E-mail address: (to be used for f	uture annual report notification)
For further information concerning this matter, please call:	
Name of Person Area Code	629-0661
Name of Person Area Code	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations The Centre of Tallahassee	Division of Corporations P.O. Box 6327
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF	_/
· ·	8.75 Filing Fee & ≤ \$87.50 Filing Fee. ertified Copy Certificate of Status of 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.	Green Edge Homes Inc.		
	(Enter name of corporation; must include "INCORPORATED,"	"COMPANY," "CORPORATION)N."
	"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp,")		
	C - 11		
	Green Edge Honer II (If name unavailable in Florida, enter alternate corporate name a	done of the discourse of two contracts	ing business in Uterida)
2.	(State or country under the law of which it is incorporated)	99-48581	<u>50</u>
	1 1		
4.	9/4/24		
	(Date of incorporation)	(Date of duration, if other	r than perpetual)
6.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	(Date first transacted business in		
	(SEE SECTIONS 607.1501 & 607.15	02, F.S., to determine penalty liab	dity)
7.	510 Paul Horris Dr. Engl	ewood FL 34223	
	(Principal offic	re <u>street</u> address)	
	129 HAMPSTEAD Ct. Lake	Sherwood CA	91361
	(Current mailing	address, if different)	
8.	Name and <u>street address</u> of Florida registered agent: (P,O	. Box <u>NOT</u> acceptable)	2021 S = (
	Name: () Dissell		FIN 2024 NOV 13 SECRETARY
			
()	ffice Address: 510 Yack Ucris VC		AKEN
	Flice Address: 510 Paul Horris Dr. Erglewatt (City)	. Florida 34223	
	(City)	(Zip code)	PHIZ: 24 OF STATE SEES, FL
	Desired and a section of		二二 2
y.	Registered agent's acceptance:	C	ad announceiou se elea e

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	Name: Trixy Ckiro	□Chairman	Name:			
□Vice Chairman	Address: 129 Hampalad Ch.	□Vice Chairman	Address:			
□Director	Labe Sherwood CA 91361	□Director				
™ President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	Other	□Other	□Other			
□Chairman	Name: Brian Bisher Address: Slo Paul Horris Dr.	□Chairman	Name:			
□ Director	Engleway FL 34223	Director	- Tourcos.			
□President		□President	2024 SEC			
		□Vice President	NOV NOV			
☐ Secretary	□Treasurer	☐ Secretary	F C Treasurer			
□Other	□ Other	□Other	The state of the s			
□Chairman	Name: Ch Russell Address: UA Hampstead Ct.	□Chairman	Name:Address:			
Director	Lake Sherwood CA 91361	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 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 8.817.155, F.S.						
13	(Typed or printed name and capacity of person	on signing application	<u> </u>			

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GREEN EDGE 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 THIRD DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GREEN EDGE HOMES INC." WAS INCORPORATED ON THE FOURTH DAY OF SEPTEMBER, A.D. 2024.

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

Authentication: 204552793

Date: 10-03-24

4956522 8300 SR# 20243857964