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	Division of Corporations		23
	Fax Number	: (850)617-6383	25 JAN
From:			 *
	Account Name	: REGISTERED AGENTS INC.	_
	Account Number	: 12009000081	<u>+</u>
	Phone	; (307)200-2803	5
	Fax Number	: (813)436-5206	:. აკ

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

Email Address:_____

FOREIGN PROFIT/NONPROFIT CORPORATION Stay Dry Renovations Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00



2025 JAN 14 PM 3:

To. 18506176380

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 Stay Dry Renovations Inc.

(Enter name of corporation: must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co." or "Corp.")

GA	y under the law of which it is incorporated)	(FEI number, if applicable)	
		(FEI number, if applicable)	
3/21/203	13 <u>5.</u>		
(Date of incorporation)		(Date of duration, if other than perpetual)	
	(Date first transacted business in Fle (SEE SECTIONS 607.1501 & 607.1502,	rida, if prior to registration) F.S., to determine penalty liability)	
7901 4th	St N STE 300 St. Peters		
	(Principal office s	treet address)	
7901 4th S	t N STE 300 St. Petersburg, FL 3	3702	
	(Current mailing a	ldress, if different)	25
Name and stree	et address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	JAN 1
Name:	Registered Agents Inc	_	
ffice Address:	7901 4th St N STE 300	_	PH 12: 53
	St. Petersburg	. Horida 33702	: :5 :3
	(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.

1414/2025 10:37.05 PST	To: 18506176380	Page: 3/4	Fax: 8134365206
A. DIRECTORS			
Chairman	Name: Clack, John	DChainnan Name:	······································
⊡Vice Chairman	Address:	□Vice Chairman — Address: _	
*Director	St. Petersburg FL 33702		
XPresident		President	
TVice President		□Vice President	
Secretary	Treasurer	Secretary	Treasurer
□Other	Other		□Other
匚Chairman	Name:	□Chairman Name:	
🗇 Vice Chairman	Address:	□Vice Chairman → Address: _	
Director		Director	
President		President	
□Vice President		□ Vice President	
Secretary	Treasurer	Secretary	Treasurer
□0ther	Other	□Other	□Other
Chairman	Name:	□Chairman Name:	
□Vice Chairman	Address;	□Vice Chairman Address: _	
Director		Director	
President		President	
OVice 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.

John Clack Skynature 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. John Clack - President

12. _

Control Number: 13396552

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

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

Stay Dry Renovations 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.

Docker Number: 28404781Date Inc/Auth/Filed:03/21/2013Jurisdiction: GeorgiaPrint Date: 01/14/2025Form Number: 211



Brad Rafforepergen

Brad Raffensperger Secretary of State